

Authorization for

Collections

Payments

I (we) hereby authorize, Good Samaritan House Health Clinic of Edmond , herein after called COMPANY, to initiate:

Debit entries Credit entries (select one)

to my (our):

Checking account Savings account (select one)

indicated below and the depository named below, hereafter called DEPOSITORY, to originate said entries to such account.

Depository name: _____

Address: _____

City: _____ State: _____ Zip: _____

Transit/ABA No: _____ Account No: _____

Name(s): _____

Date: _____ Signed: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **A copy of a voided check (not a deposit slip) must be attached to this form to identify the Transit/ABA No. and account number.**