



# Goshen Home Care Inc.

## Recurring Payment Authorization Form

If you would like to *begin* having payments deducted automatically from your account, please fill out this form.

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged each billing period for the total amount due for that period.

An invoice will be emailed to you at the end of the month and the charge will appear on your bank statement.

You agree that no prior notification will be provided if the total payment is under \$\_\_\_\_\_.

If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 7 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize  
Goshen Home Care Inc to charge/debit my account indicated below on the 1st of each month for payment of my monthly invoice.

I understand that I will continue to receive monthly invoices indicating the exact charge amount. If the charge exceeds \$ \_\_\_\_\_, I will be notified for authorization, in addition to being sent the invoice, prior to the amount being deducted from my account.

Billing Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_

Checking  Savings

Name on Bank Account \_\_\_\_\_  
Name of the Bank \_\_\_\_\_  
Account Number \_\_\_\_\_ Routing  
Number \_\_\_\_\_  
Ban City/State \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that because these are electronic transactions, these funds may be withdrawn from my account as Soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I Understand that Goshen Home Care may at its discretion attempt to process the charge again within 30 days. and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws I Certify that I am an authorized user of this bank account and will not dispute the scheduled transactions with my bank;; provided these transactions correspond to the terms indicated in this authorization form.