

# AUTOMATIC PAYMENT AUTHORIZATION FORM

**Company Name: Yaroeh Senior Services 408, LLC, Db a Home Instead Senior Care Oakland County**

FOR OFFICE USE ONLY	CUSTOMER #	DATE
Last Name		First Name
Address		
City	State	Zip
Email		
<b>Date of first payment:</b> ____ / ____ / ____ (mm//dd/yy)	<b>Frequency of payment:</b> <input type="checkbox"/> Semi-monthly on the 5 <sup>th</sup> and 20th	<b>Amount of maximum payment:</b> \$ _____
<b>CHECKING / SAVINGS</b>	Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ <small>             ☪ 123456789 ☪ 123 123456* 0001              └──────────┘ └──────────┘ └──────────┘              Routing Number      Account Number      Check Number           </small>
	I authorize the above company to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____	

*If using a checking account, please attach a voided check at the bottom of this page*