



**DIRECT PAYMENT AUTHORIZATION FORM**

I hereby authorize Samaritan Center, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

**Primary Account (Net Payment Amount)**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address                      City                      State                      Zip

\_\_\_\_\_  
Routing Number                      Account Number

Type of Acct:  Checking  Savings

\_\_\_\_\_  
Amount to debit monthly

Debit on:  First of month  Fifteenth of month

This authority is to remain in full force and effect until Samaritan Center as received written notification from me of its termination in such time and manner as afford Samaritan Center and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH VOIDED CHECK TO THIS FORM**

<b><u>FOR OFFICE USE ONLY</u></b>		
Rec'd Date _____	By _____	List ID _____