

Senior Life Resources

N O R T H W E S T

AUTOMATIC PAYMENT/DONATION AUTHORIZATION

Authorization Type: New Change Cancellation

Client Type: Meals on Wheels Client Homecare Services Client Both Neither-Program Donation

Client/Donor Information:

Name: _____

Authorized Representative (N/A for donors): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Automatic Payment/Donation Information:

Date of Withdrawal (Select only one): 5TH of the month 20th of the month

Source of Payment (Select only one):

Checking Account:

Bank Name: _____ Routing #: _____ Account #: _____

Debit or Credit Card Account:

Card Type (e.g. Visa, Mastercard): _____ Card Number: _____

Expiration Date (MM/YYYY): _____ CVV/CSV: _____

Name of Cardholder (as shown on the card): _____

Address of Credit Card Holder: _____

By signing below, I authorize Senior Life Resources and the financial institution named to initiate a deduction from my checking account or charge to my debit or credit card for the purpose of paying the balance due to Senior Life Resources on a monthly basis. This authorization will remain in effect until I notify Senior Life Resources, in writing, to cancel it in such time as to afford Senior Life Resources and the financial institution a reasonable opportunity to act upon it. If I am signing on behalf of another person, I certify that I am legally able to authorize this auto-payment on behalf of the person for which I am signing this document. I have read and understand the terms of this agreement as stated.

Donor, Client or Authorized Representative Signature

_____/_____/_____
Date