

# Senior Life Resources

N O R T H W E S T

## AUTOMATIC PAYMENT OR MONTHLY DONATION AUTHORIZATION

1. Complete sections a. thru e.
2. Sign and date the bottom of the authorization form - mail the completed form to 1824 Fowler Richland, WA 99352
3. **CALL THE BILLING OFFICE** to provide your account information over the phone (509) 736-0044

Thank you!

a. **Authorization Type:**     New     Change/ Update existing     Cancellation

b. **Client Type:**     Client Receiving Meals (Home Delivered or Pick Up/ Dine In)  
                           Meals on Wheels General Donation  
                           Homecare Services Client

c. **Client or Donor Contact Information:**

Name: \_\_\_\_\_

Authorized Representative (N/A for donors): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

d. **Automatic Payment Date:**

Date of Withdrawal (Select only one):     5<sup>th</sup> of the month     20<sup>th</sup> of the month

e. **Source of Payment (Select only one)**

**For your security please do not provide complete account information on this form.**

Checking Account

Bank Name: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_

Debit or Credit Card Account:

Card Type (e.g. Visa, Mastercard): \_\_\_\_\_ Last 4 digits of Card #: \_\_\_\_\_

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_