

Southeast Kansas Independent Living Resource Center
Independent Strides Home Care

1801 Main St • P.O. Box 957 • Parsons • KS • 67357
(620) 421-5502

Agreement for ACH Payment

I hereby authorize SKIL to initiate withdrawals from account(s) held at my financial institutions to transfer the funds via ACH to accounts held by SKIL.

I agree that if any such withdrawal is dishonored with cause, SKIL is under no liability whatsoever if such dishonor results in service charges to my account.

TYPE OF ACCOUNT: CHECKING SAVINGS DEBIT CARD

NAME ON ACCOUNT: _____

BANK ROUTING/ABA #: _____

CHECKING/SAVINGS ACCOUNT/CARD #: _____

CVV # (3 DIGITS ON BACK OF CARD): _____

CARD EXPIRATION DATE: _____

NAME OF BANK: _____

AMOUNT TO TRANSFER: _____

HOW OFTEN TO TRANSFER: _____

DATE TO TRANSFER: 3 7 14 21 28

This Authority is to remain in full force and effect until SKIL has received written notification from me of its termination in such time and in such manner as to afford SKIL a reasonable opportunity to comply with it.

Signature

Date

Phone Number

Physical Street Address

City, State, Zip