



AUTOMATIC PAYMENT AUTHORIZATION

To authorize your Automatic Payment, please complete the AUTOMATIC CHECKING ACCOUNT PAYMENT section below, attach your statement stub and a voided check, and mail to the payment address listed on your statement stub.

IMPORTANT THINGS TO KNOW:

- Your first Automatic Payment will be credited to your CarePayment account for your minimum amount due (including any unpaid late fees and past due balance) as of the day CarePayment receives this completed authorization
- All subsequent Automatic Payments will be credited to your CarePayment account on the statement due date each month
- If your statement due date falls on a non-business day, your Automatic Payment will be posted the following business day
- If your minimum payment amount increases, your Automatic Payment amount will increase accordingly
- Your statement stub and a voided check must accompany this completed form for your Automatic Payment to begin

KEEP THIS TOP SECTION FOR YOUR RECORDS

MAIL THIS BOTTOM SECTION WITH YOUR STATEMENT STUB AND A VOIDED CHECK TO THE ADDRESS LISTED ON YOUR STATEMENT STUB

AUTOMATIC CHECKING ACCOUNT PAYMENT (MUST INCLUDE A VOIDED CHECK):

CarePayment Account Number: _____

Name on Checking Account: _____

Name of Financial Institution: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

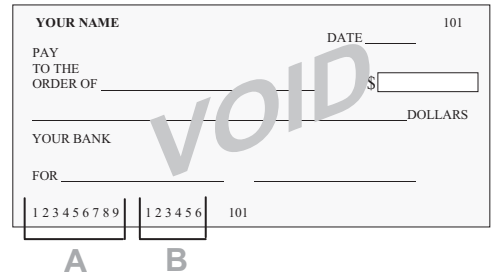
Email: _____

Your Current Address: _____

Bank ABA/Routing Number (A):

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Checking Account Number (B): _____



MUST CHOOSE ONLY ONE
*If your minimum amount due is greater than your chosen amount, the minimum amount due will be automatically withdrawn from your checking account instead.

- Process my automatic payments for the MINIMUM AMOUNT DUE each month
- Process my automatic payments for MY CHOSEN AMOUNT* of: \$ _____

You have authorized CarePayment to withdraw the minimum payment due amount, or your chosen amount, each month on your statement due date. If your minimum payment due amount is greater than your chosen amount, the minimum payment due amount will be automatically posted instead. If your statement due date falls on a non-business day, your automatic payment will be posted the following business day. By signing below you have indicated that you understand if your balance is to increase your minimum payment due amount may also increase and the amount withdrawn from your checking account will automatically increase accordingly. Your minimum monthly payment is calculated each month on your statement closing date. Any payments or credits posted within the same month's billing cycle will not change the amount automatically withdrawn. You are responsible and liable for all authorized transactions made under this preauthorized transfer agreement. CarePayment will not be held liable for any fees your bank may assess if you do not have sufficient funds in your account to cover the transfer. If your payment is returned unpaid by your financial institution you agree to pay a returned payment fee pursuant to your Agreement. You understand this authorization is to remain in full force and effect until CarePayment has received written or oral notification from you of its termination at least three business days before the scheduled date of the transfer and in such time and in such manner as to afford CarePayment and your financial institution a reasonable opportunity to act on it.

NAME _____ SIGNATURE **X** _____ DATE _____

Questions? See reverse for Automatic Payment FAQ's. If you have additional questions or concerns while completing this automatic payment authorization, please call CarePayment Patient Care at 1-866-625-8532.

