

PAYMENT AUTHORIZATION

Client Name _____

I authorize Golden Heart Senior Care of Summerlin (“Golden Heart”), to process payment on a weekly basis for services rendered. I understand and accept the following conditions:

1. No deposit is required. A “voided” check or credit card must be placed on file to facilitate payment if payment is not made within the period outlined in this agreement. Client consents to allowing Golden Heart to charge their credit card or make payment via E-Check in such circumstances, even if you are paying by check.
2. Golden Heart will charge my credit card or withdraw funds via ACH Debit/Electronic Funds Withdrawal (“E-Check”) for services rendered. The charge will occur within three calendar days after the end of the weekly cycle.
There is a 3% surcharge on credit/debit card charges.
3. Payments not made within 3 days of financial institution rejection may incur a 5% penalty. An additional 5% penalty may occur for each seven (7) days late.
4. I am responsible for any fees incurred by Golden Heart because of my financial institution’s rejection of my credit card or bank account.
5. I authorize Golden Heart to process entries to my bank account for home care services provided. I understand that this authority will remain in effect until I provide seven (7) days prior notification to terminate the authorization.

Payment Method: I will mail a check Charge my credit card Process an E-Check

Invoice Delivery Method: Mail E-Mail

Payer’s Name: _____

Payer’s Relationship to Client: _____

Payer’s Email: _____

Credit Card Information:

Name EXACTLY as it appears on the card (PRINT): _____

Credit Card Number: _____

Type of card: VISA MC AMEX Expiration Date: _____ Security Code: _____

Credit Card Billing Address (Please Print):

Street: _____ City: _____ State: _____

Zip Code: _____ Telephone: (____) _____

E-Check Information:

(Attach Voided Check Here)

Bank Name: _____ Type of Account: Checking Savings

Bank Routing Number _____ Account Number _____

Signature of Account Holder: _____ Date _____