

Patient Builders

Inc.

Authorization for Electronic Payments

I _____ hereby authorize Patient Builders, Inc. or its assigns to initiate debit entries to the bank and my account listed below. This authorization will remain in full force and effect until Patient Builders or bank has received written notification 10 days before the date of debit indicated below. Upon receipt of said notice I authorize Patient Builders to debit any balance owing unless previous arrangements are made.

Customer Name: _____

Checking / Savings

Routing # _____ Acct # _____

Bank Name _____ City/State _____

I acknowledge the above stipulations of this debit agreement and agree to automatic checking, savings, or credit card debit and will abide by any charge that is accrued for insufficient funds.

Guarantor _____

ALL TRANSACTIONS ARE PERFORMED BY TUESDAY AT 6PM