



# Repetitive ACH Authorization

 New Payment Plan

 Change an Existing Plan

PATIENT/CLIENT NAME	PATIENT/ACCOUNT ID
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<b>RESPONSIBLE PARTY</b> (Name on the checking account)	
NAME (FIRST-MIDDLE-LAST)	SOCIAL SECURITY NUMBER - -
HOME PHONE ( )	EMAIL ADDRESS

<b>FINANCING INFORMATION:</b> Monthly payment will be paid directly from your bank account.					
BALANCE DUE	PAYMENT	TRANSACTION FEE	TOTAL PAYMENT	PLEASE CHECK BOX FOR YOUR PAYMENT DATE(S)	START DATE
		+ \$2.50 =		<input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 10 <sup>TH</sup> <input type="checkbox"/> 18 <sup>TH</sup> <input type="checkbox"/> 25 <sup>TH</sup>	

"I hereby agree to the 'Terms & Conditions' shown below and authorize the automatic debiting of my bank account according to the above payment schedule until the 'Balance Due' shown above is paid in full. **I agree to provide notice of any change to my bank information at least 1 week in advance of the next payment date.**"

SIGNATURE OF RESPONSIBLE PARTY	DATE
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**EITHER ATTACH VOIDED CHECK OR LIST BANK INFORMATION BELOW. (Do NOT use a deposit slip!)**

Bank Name _____	Phone _____						
Bank Address _____							
City _____	State _____ Zip _____						
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Check # (from sample check) _____						
<b>BANK ROUTING NUMBER:</b>	<b>ACCOUNT NUMBER:</b>						
<table border="1" style="width:100%"> <tr> <td style="width:25%"> </td> <td style="width:25%"> </td> <td style="width:25%"> </td> <td style="width:25%"> </td> </tr> </table>					<table border="1" style="width:100%"> <tr> <td style="width:50%"> </td> <td style="width:50%"> </td> </tr> </table>		
<p><b>TIPS TO IDENTIFY ROUTING AND ACCOUNT NUMBERS:</b></p> <p>There are three sets of numbers along the bottom line of your check the Bank Routing Number, the Account Number, and the check number The easiest way to identify each of these is through the process of elimination. First, eliminate the check number. This will leave the Routing number and account number The [ : symbols will always be at the beginning and end of the 9 digit Routing Number. The account number is what is left over and will be anywhere from 5 to 16 digits</p>							

Bank Routing Number  
Always 9 Digits

Check  
Number

Account Number  
5-16 Digits

**FAX COMPLETED FORM TO 800-481-0946**

### TERMS AND CONDITIONS

DOCPAY is a trade name of Complete Systems, Inc. and has been authorized by the Doctor's Practice to administer this payment plan The transaction fee indicated above is applied each time the Responsible Party's account is debited. Should there be insufficient funds in the account, additional debits may need to be processed. **There is a return charge of \$10.00 for all returned items.** Upon default of the above payment schedule due to Insufficient funds withdrawal of the authorization, nonpayment or bankruptcy, the entire unpaid balance may, at the option of the Doctor's Practice, be declared immediately due and owing. In such cases Responsible Party agrees to pay the reasonable cost of collection and/or attorneys fees as permitted by the governing laws of the state. Neither the Practice, Depository nor Complete Systems, Inc. is liable for any incidental or consequential damages stemming from the transfer of funds unless due to fraud or willful misconduct. Responsible Party should receive a monthly statement from the above listed bank showing funds transferred. DOCPAY does not collect insurance payments.

### REQUIRED INFORMATION - PAY PLAN CANNOT BE PROCESSED WITHOUT THIS!

PRACTICE NAME (REQUIRED)	PRACTICE I.D. CODE	PHONE # (REQUIRED)
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Your monthly payment will appear on your bank statement showing **DOCPAY ACH** as the payee.

In the event a payment is rejected or returned unpaid, a \$10.00 NSF fee will be added to your account.

If you change your bank account, you must notify Practice at least one week prior to your next payment date.

For account changes or any other questions regarding your account please call your practice.

**FORM DISTRIBUTION- MAKE COPY FOR PATIENT - Keep a copy in patient chart – Fax to DOCPAY**