

Attentive Home Care

ACH AUTHORIZATION FORM

The undersigned ("Customer") hereby authorizes Attentive Home Care to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any excess debit entries or debit entries made in error, to Customer's account indicated below and the depository named below, to debit and/or credit the same such accounts. This authority is to remain in full force and effect until terminated by mutual agreement of the parties.

Customer Name: _____

Customer Address: _____

Depository Information

Financial Institution Name: _____

Financial Institution Address: _____

City/State/Zip: _____

Telephone Number: _____

Routing Number: _____

Account Number: _____

Signed by

Signature: _____

Name: _____

Date: _____

**Please send a voided check via mail to: Attentive Home Care
680 Commerce Drive #270
Woodbury, MN 55125**

Or Fax to : (612) 568-9977