

Financial Payment Form

ACH Authorization form

Please provide all required information listed below

Name of Bank: _____
Bank Address: _____ _____
Bank Account Number: _____
ABA Number: _____
(The ABA number is the 9 digits numbers on the left at the bottom of your check)
Account Type: Checking Savings

I hereby certify that I am the duly authorized account holder fully empowered to legally bind the above reference bank account. By signing as the account holder, I, hereby authorize Preferred Homecare of New York/ Preferred Gold, to initiate ACH debit entries to the financial account listed above.

AUTHORIZED ACCOUNT HOLDER TO WHOM INQUIREIES CONCERNING ACH TRANSFERS ARE TO BE DIRECTED:

Name: _____
Address: _____
Work Phone: _____ Cell: _____
E-mail Address: _____
Signature: _____ Date: _____

If using a checking account, please attach a copy of a void check to accelerate up the process.

Important: Please ensure that there will be sufficient funds in the account provided for the ACH withdrawal.