

HOSPICE

FREDERICK COUNTY

An Affiliate of Frederick Regional Health System

516 Trail Avenue, PO Box 1799, Frederick MD 21702

The AMBASSADOR CLUB

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

**Hospice of Frederick County
Federal Tax ID Number 52-1164513**

I (we) authorize Hospice of Frederick County (HFC) to debit my (our) ___ Checking or ___ Savings Account (select one) at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) hereby authorize the amount of \$_____ per month to be debited from said account, on or around the 10th of each month, for a minimum of six (6) months.

Depository
Name _____

City/State/
Zip _____

Routing
Number _____
(9-digit)

Account
Number _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify HFC in writing of it's termination in such time and manner as to afford HFC and DEPOSITORY an opportunity to act on it.

Name(s) _____
(Please Print)

Signature _____

Date _____