

Bank Debit (FASTCHECK) Form

Authorization Agreement for Baptist Health Automatic Payment Withdrawal

I (we) hereby authorize Baptist Health to initiate debit entries to my (our) checking account indicated below and the depository named below and I (we) authorize the depository to debit the same to such account. This authority is to remain in full force and in effect until the patient's account at Baptist Health is paid in full or Baptist Health and the depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Baptist Health and depository a reasonable opportunity to act on it.

*Account Number _____ *Patient Name _____

*Mailing Address _____

*City _____ *State _____ *Zip Code _____

*Home Phone _____ Work Phone _____ Cell Number _____

BANK INFORMATION:

*Bank Name _____

*Name on Checking _____

*Account Number _____ *Routing Number _____

*Monthly Payment (min \$50.00) _____ * Number of Months (max 12 months) _____

Date to Process Debit 5th of Month 20th of Month
(If you do not select a day, your account will be defaulted to process on the 5th of each month.)

By placing your name in the box you are stating that you are the patient or guarantor on this account and that all information provided is current and accurate to the best of your knowledge.

*Signature of Person Holding Account

* Date

Completion of this form does not serve as approved/acceptance by Baptist Health. A letter of confirmation will be sent upon review and acceptance of terms.

*Mandatory Information