



Authorization Agreement for Direct Payments (ACH Debits)

I hereby authorize **Cornerstone VNA**, hereinafter called COMPANY to initiate debit entries from my account indicated below and my bank named below, hereinafter called FINANCIAL INSTITUTION and to credit the account of COMPANY at Federal Savings Bank. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

_____	_____
(Financial Institution)	(Address/City/State/Zip Code)
_____	_____
(Routing Number)	(Account Name)
_____	Type of Acct: ___ Checking ___ Savings
(Account Number)	

In the amount of \$ _____ Start Date: _____

Frequency: Daily Weekly (M T W Th F) Monthly (Date: _____) One-time Origination

If you would like to designate your gift, please choose one of the following:

Home Care Hospice Care Life Care Community Care Palliative Care

This authority is to remain in full force for reoccurring debits and in effect until COMPANY has received **written notification** from me of its termination in such time and manner as to afford them and my bank a reasonable opportunity to act on it.

_____	_____	_____
(Print Individual Name)	(Signature)	(Date)

PLEASE ATTACH A VOIDED CHECK (if applicable)

A copy of this completed Authorization must be provided to the customer. COMPANY must keep this Authorization on file for 2 years from date of signed Authorization or from the date of Authorization Revoked.

Please mail your completed form and a copy of your voided check to Cornerstone VNA, 178 Farmington Road, Rochester, NH 03867. Infinite thanks for your support!