

Recurring ACH Payment Authorization



Kimberly Keiser
and Associates

You authorize regularly scheduled charges to your checking/savings account in accordance with the financial policy you agreed to. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit".

I _____ authorize Kimberly Keiser and Associates, LLC. to charge my bank account indicated below for the owed amount on my account in accordance with the company financial policy.

This payment is for Outpatient Psychotherapy Services.

BILLING INFORMATION

Billing Address _____

City, State, Zip _____

Phone # _____

Email _____

BANK DETAILS

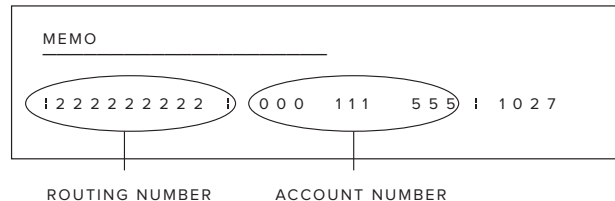
Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Kimberly Keiser & Associates in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Kimberly Keiser and Associates, LLC. may at its discretion attempt to process the charge again within 1-30 days. I understand and agree that if there are insufficient funds in my account, I will receive a \$7.00 penalty for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

ACCOUNT HOLDER'S SIGNATURE _____

DATE _____