

# LIFEWAY PLUS

## Payment Authorization

\*\* I choose to use the Electronic Fund Transfer option for the *monthly* payment direct from my:

**Checking Account**       **Savings Account**

Financial Institution \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

***FOR CHECKING - Please attach a "Voided" check to this document (NOT A DEPOSIT SLIP)***

***FOR SAVINGS - Please attach a savings account deposit slip to this document***

\*\* I choose to use the Bank Card option for payment

Card Type       Visa     MasterCard     Discover

Frequency:     Annual     Semi-Annual

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Security Code \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

LIFEWAY PLUS is hereby authorized to debit the Financial Institution and account identified above. LIFEWAY PLUS is further authorized to obtain information from the Financial Institution pertaining to transactions designated by this document, and to credit the account if a payment is debited in error.

I acknowledge that the origination of all Automated Clearing House transactions must comply with the provisions of United States Law.

I recognize that if I fail to provide complete or accurate information on this document, processing may be delayed and/or my preauthorized debit may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this document, I hereby hold LIFEWAY PLUS harmless for the recovery of such erroneous transfers, not withstanding any reasonable attempts made by LIFEWAY PLUS to correct such errors.

This authorization is to remain in full force and effect until LIFEWAY PLUS has received written notification from me of its termination, in such time and in such a manner as to afford LIFEWAY PLUS and the Financial Institution reasonable opportunity to act on it.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)