# Direct Payment Authorization Form

## Direct Payment Frequently Asked Questions

**What is direct payment?**

Direct payment is a safe, accurate and efficient electronic payment alternative to paper checks. Instead of writing a check, your bank will automatically make the payment on a predetermined date.

**Why use direct payment?**

* Direct payment is simple.
* Direct payment is safe.
* Direct payment is smart.
* Direct payment is easier and reduces costs. Consumers save time preparing payments, save money on postage and check fees, improve their budgeting, eliminate the chance of late payment and save time balancing their bank statement.

**Does the customer retain control of payments?**

With direct payment, you remain in full control of your account and payments. The Good Samaritan Society notifies you of all charges with a monthly statement. If you feel the charges are incorrect, you are encouraged to contact your local Society location for dispute resolution. You may contact your financial institution and request a hold or stop transfer on a direct payment. You may also revoke this authorization at any time by submitting a signed, written request to your location, thirty days in advance of the discontinuation of the direct payment.

**How do I enroll?**

To enroll in direct payment:

1. Complete and sign the ***Direct Payment Authorization Form***.

2. Attach a voided check from your account for confirmation.

3. Send the completed form and attached voided check to your location.

Return the completed form to your Society location.

# Direct Payment Authorization Form

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| rESIDENT INFORMATION |
| Location Name |       |
| Last Name |       | First |       | M.I. |       |
| Street Address |       | Apartment/Unit Number |       |
| City |       | State |       | ZIP |       |
| Home Phone |       | Mobile Phone |       |
| GUARANTOR/PAYOR INFORMATION (as it appears on the bank statement) |
| Last Name |       | First |       | M.I. |       |
| Street Address |       | Apartment/Unit Number |       |
| City |       | State |       | ZIP |       |
| Home Phone |       | Mobile Phone |       |
| Email Address |       |
| FINANCIAL INSTITUTION information |
| Bank Name |       |
| Street Address |       | Suite Number |       |
| City |       | State |       | ZIP |       |
| Phone |       | Account Type |  [ ] Checking [ ] Savings |
| Routing Number |       | Account Number |       |



**Attach a Voided Check Here**

I authorize The Evangelical Lutheran Good Samaritan Society to initiate variable debit entries to my account identified above in payment for services. I authorize my financial institution identified above to debit my account for these payments. I understand that I am in full control of my payment, that I have the right to hold or stop an electronic payment by giving my financial institution notice and that I may revoke this authorization at any time by notifying the Good Samaritan Society with a written and signed request thirty (30) days in advance of the revocation. I will notify the Society of any changes in the information provided on this authorization form. I understand that I will be liable for any fees my financial institution may assess including, but not limited to, insufficient funds in my account to cover the payment. I understand that all payments will be posted to my account on the date indicated on the statement.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |
| --- |
| for internal use only |
| Resident Account Number |       | Location Number |       |