



516 Trail Avenue, PO Box 1799, Frederick MD 21702

***The AMBASSADOR CLUB
AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)***

**Frederick Health Hospice
Federal Tax ID Number 52-1164513**

I (we) authorize Frederick Health Hospice to debit my/our ____Checking or ____Savings account (select one) at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law. I (we) authorize the amount of \$_____ per month to be debited from said account, on or around the 10th of each month, for a minimum of six (6) months.

Depository
Name_____

City/State
Zip_____

Routing
Number _____
(9-digit)

Account
Number_____

I (we) understand that this authorization will remain in full force and effect until I (we) notify FHH in writing of it's termination in such time and manner as to afford FHH and DEPOSITORY an opportunity to act on it.

Name(s) _____
(Please Print)

Signature_____

Date_____