



Church Health

Authorization Agreement for Recurring Credit / Debit Card Payments

MEMPHIS Plan Account Name: _____

I (we) hereby authorize CHURCH HEALTH, hereinafter called COMPANY, to initiate debit entries to my (our) Credit Card account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Group ID Number: _____ Group Name: _____

Full Name on Card: _____

Billing Address: _____

Billing City/State/Zip: _____

VISA / MasterCard: _____ Exp.: _____

Credit Card#: _____ CID#: _____

This statement acknowledges permission given to the MEMPHIS Plan to draft your credit card account monthly for the amount of your invoice.

This statement acknowledges that the Church Health can continue to draft your credit or checking account until you notify your bank and the MEMPHIS Plan of your account termination. You must allow appropriate time for termination notification.

If there are any questions concerning this form, please call the MEMPHIS Plan office at (901)-272-7526.

Return form to: MEMPHIS Plan
Church Health
1350 Concourse Avenue, Ste. 142
Memphis, TN 38104
(901) 278-6622 Fax