

DIRECT DEPOSIT / DEBIT AUTHORIZATION

I hereby authorize **Good Samaritan Center of Excelsior Springs, MO** to initiate credit / debit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same on such account. This authority is to remain in full force and effect until Good Samaritan Center has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Good Samaritan Center and DEPOSITORY a reasonable opportunity to act on it.

Current Date: _____

Name (printed): _____ SSN ____ - ____ - ____

Financial Institution Name: _____

Financial Institution Address: _____

Signature of Account Holder: _____

CHECK ONE:

I am not currently participating in the Direct Deposit/Debit Program.

**ADD - Debit my account, on the last day of each month,
for the amount shown: \$ _____**

ADD - I authorize credits to my account.

I am currently participating in the Direct Deposit/Debit Program.

CHANGE - Change financial institution and/or account number.

CANCEL - Stop my participation in the program.

(Due to the time required for Good Samaritan Center and Depository processing of change or cancel, allow one or two monthly periods for processing. You will need to pay with a regular check until the change can be processed.)

**TAPE YOUR VOIDED CHECK BELOW and
CHECK TYPE OF ACCOUNT () Checking or () Savings**

Mail to Good Samaritan Center, 108 S. Thompson, Excelsior Springs, MO 64024