Assured Home Nursing Services
Caring for the Community

725 S. Adams, Suite 258
Birmingham, MI 48009
Ph: 248 593 8134
248 255 5870

ACH AUTHORIZATION

I authorize Assured Home Nursing Services ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my account to correct erroneous debits) as follows:

Account Type:	Checking: _____ Savings: _____
Name on Account:	
Bank Account Number:	(Attach voided check below)
Bank Routing Number:	
Bank Name:	
Bank City, State:	

Amount of debit(s) will be the full amount of each invoice for services rendered from COMPANY and will occur **weekly** following the date of each invoice. _____**Initial**

I understand that this authorization will remain in full force and effect until I notify COMPANY in writing, that I wish to revoke this authorization. I understand that COMPANY requires at least 7 (**Seven**) days prior notice in order to cancel this authorization.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that COMPANY may attempt to process the transaction again within 7 days, and I agree to cover any **NSF REJECT FEE** charged for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

I would like to receive my invoices via ☐US Mail ☐Email_____

Name: _____

Signature: _____ Date: _____

AHNS July 2021

Attach Voided Check