

## Automatic Withdrawal Authorization Form



The Automatic Withdrawal Plan allows the full amount of your combined billing of all services rendered to be withdrawn from your checking account on the due date, or the date you specify. You will receive a monthly statement as usual with a notation about the automatic payment. Upon receipt of this authorization form your billing will be set up for automatic withdrawal.

**Upon completion of this form please return it along with a VOIDED check to:**

Kansas Foot Center PA  
3460 N Ridge Rd Ste 140  
Wichita, KS 67205  
PH: 316-283-4330  
Fax: 316-283-4340  
Email: [info@kansasfootcenter.com](mailto:info@kansasfootcenter.com)

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I hereby request and authorize Kansas Foot Center PA to initiate charges to my checking or share draft account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the Kansas Foot Center PA Automatic Withdrawal Plan. This authorizing will remain in effect until Kansas Foot Center PA has received written notification from myself and has had a reasonable opportunity to act upon it or all funds are services and billings are paid in full.

I further agree that if any such check is dishonored, whether with or without cause, and whether intentionally or inadvertently, Kansas Foot Center PA shall be under no liability whatsoever, even though such dishonor may result in a Non-Sufficient Funds Fee of \$35. If I provide a Debit or Credit card to charge my Automatic Withdrawal from, the card will only be processed once. If for again any so reason it is declined a Non-Sufficient Funds Fee of \$35 will be assessed.

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Responsible Party Name, Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Financial Institution:** \_\_\_\_\_  
**Checking/CC Acct. #:** \_\_\_\_\_ **Routing #:** \_\_\_\_\_

**Account Holder Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_ **Withdrawal Begin Date:** \_\_\_\_\_  
1<sup>st</sup> Month      15<sup>th</sup> Month

**Withdrawal Amount (Minimum \$25):** \$ \_\_\_\_\_ .00 until paid in full for services rendered

**Services:**