



# Authorization Agreement for Automatic Withdrawal

Dear Valued Customer,

Thank you for your interest in paying your bill using automatic withdrawal from your bank account. Please fill out all information below and send this entire form back along with a voided check or deposit slip. If you have any questions on how to fill out the form, please feel free to call Customer Service at 1-800-635-6156.

Bank Account Holder Name (Print) \_\_\_\_\_

Subscriber Name (if different than bank account holder) \_\_\_\_\_

Subscriber Phone# \_\_\_\_\_

Lifeline Account Number \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account type:       Checking                       Savings

Please check here if you want to use this account to immediately pay your existing balance. (Note: This amount will be immediately charged to your account.)

I authorize Philips Lifeline to charge my account (listed above) on a monthly basis to pay the full amount of my Lifeline Systems billing statement, and to initiate, if necessary, adjustments for any entries made in error to my bank account.

Bank Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

**YOUR REQUEST CANNOT BE PROCESSED UNLESS YOU ATTACH A VOIDED CHECK OR DEPOSIT SLIP.**