

# Direct Debit Payment Authorization Form

We believe health care is a partnership that allows you to focus on your health and lets us to take care of you, even when it comes to paying your bills. In order to help relieve your concerns around timely payments, we offer an easy to use direct pay tool.

## Exclusive Control

Direct Payment puts you in control. In fact, no one but you can operate it, and it can only be used to control your account with us. It helps you avoid late payment fees, check writing and postage costs, and the hassle of monthly bill paying.

Following your instructions, the direct payment system pays your monthly bill for you automatically, right to the penny, right on the due date. You authorize payment from your checking or savings account at any participating bank, savings and loan, or credit union in the country.

## Added Security.

Direct Payment also makes your account with us more secure. Since you're no longer mailing checks, there's no danger of a check being lost or misrouted.

## Easy Maintenance.

Want to suspend an upcoming payment? No problem, just notify us. Want to cancel the arrangement? No problem; if you don't like Direct Payment, it's as easy to discontinue the process, as it is to sign-up.

## You Save.

We offer Direct Payment free of charge. Plus, you'll save in check writing fees and postage expense.

## Questions?

We've tried to answer the frequently asked questions below. If you have another question, please contact the business office manager at your local ministry.

### Q. "How do I know the amount of my bill and payment date?"

A. You will receive your regular monthly bill, which will show the date and amount of your payment. This will give you plenty of time to update your check register and make sure you have adequate funds. The payment will appear on your bank statement.

### Q. "What if I disagree with a bill?"

A. Contact the biller at least five days prior to the payment date and he or she will be more than willing to assist in explaining any discrepancies.

### Q. "Suppose I want to switch to another bank or account?"

A. Contact the business office manager for a new authorization form.



1000 Remington Boulevard, Suite 100  
Bolingbrook, IL 60440  
708.478.7900  
Attn: Accounting

[PresenceHealth.org/lifeconnections](http://PresenceHealth.org/lifeconnections)

## Questions?

**Q. “What if I don’t have sufficient funds on the payment date?”**

A. Similar to writing a check from our account with insufficient funds; you may incur fees from us as well as your financial institution.

**Q. “How do I know if my financial institution accepts Direct Payment?”**

A. Most institutions do support direct debit of payments. If you are uncertain whether your institution offers this benefit, please contact them directly to verify eligibility and ensure there are no restrictions on direct debits to your savings and checking accounts. Verification should occur prior to completing the form attached.

**Q. “When will Direct Payment start?”**

A. Please allow up to two billing cycles.

To sign up for Direct Payment, simply complete the following form and place it in an envelope. Please enclose a voided check or deposit slip from the account you want debited.

### Authorization for Direct Debit of Payment

I authorize Presence Life Connections (PLC) to instruct my financial institution to make my monthly bill payments on the dates due from the account listed below. This authority remains in effect until PLC has received written notification from me of termination in sufficient time to allow reasonable opportunity to act on it, or until PLC has sent me written notice of termination of this agreement.

### Contract Information

### Required Financial Institution Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Resident Account Number  
(completed by business office)

\_\_\_\_\_  
Phone Number (if a credit union)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Signature Date

Account Number

D											D
---	--	--	--	--	--	--	--	--	--	--	---

Financial Institution’s Transit Routing Numbers  
(See lower-left corner of your checks or call your Financial Institution)

Account Type (select one):  Checking  Savings

## Please forward to the following address:

**Presence Life Connections  
Attn: Accounting  
1000 Remington Boulevard, Suite 100  
Bolingbrook, IL 60440**

**Please do not send with payments.**