



ACH AGREEMENT

Name (print) : _____

I authorize the United Presbyterian Home to withdraw my monthly Wellness Center Fee directly from my bank account. The Home will withdraw the amount due after the 6th of each month.

- Monthly Wellness Center Fee \$25.00
- Monthly Pool Fee \$30.00

The monthly fee will be: \$ _____

Type of Account: _____

Bank Routing Number: _____

Bank Account Number: _____

_____ I understand I must complete the Membership Cancellation form as a 30-day notice to the United Presbyterian Home's Wellness Center to cancel my membership and automatic withdrawal.

_____ I understand that should funds be unavailable my membership will be terminated, key fob deactivated and I will be assessed a \$25.00 fee.

Responsible Party Signature

Date

****Attach Voided Check Here****