The Jones Center for Children's Therapy and Assessment
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Authorization to Maintain and Direct Debit (ACH) a Bank Account on File

I, ____, authorize JCCTA to direct debit (ACH transfer/pull) the bank account indicated below, on which I am an authorized signer, for all charges accrued to the account of:

Patient Name ____ Date of Birth ___________________.

I further acknowledge the following by *initialing* below:

_______ I understand and agree these are electronic transactions.

_______ I acknowledge and agree that adequate funds will be available for withdrawal at the time of each transaction. I further understand and agree I will be due a $35.00 fee should this bank account have insufficient funds available for withdrawal at the time of any transaction.

_______ I understand and agree rejection of any transaction for payment of an accrued fee(s) to this bank account is still my responsibility.

_______ I understand and agree fees for services rendered are dependent on the applicable insurance policy on the date services are rendered, if insurance benefits are being used. These fees may relate to a copay, coinsurance, and/or a deductible.

_______ I understand and agree this bank account will be, at the time of occurrence, charged $50.00 for any missed therapy appointment or standing therapy appointment not cancelled with 24 business hours advance notice.

Bank Account Information

_______________________________________ _________________________________
Bank Name, City, and State Account Type

_______________________________________ _________________________________
Bank Routing Number Bank Account Number

Account Holder Information

_______________________________________ _________________________________
Name on Account Date of Birth

____
Billing Address

_______________________________________ _________________________________
Email address Telephone/Cell Number

_______________________________________ _________________________________
Authorized Signature Date

Please attach a copy of your driver's license and a voided check to this form