



Client Name \_\_\_\_\_

CREDIT CARD

Name on Card \_\_\_\_\_  Amex  Visa  Mastercard  Discovercard

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

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

I authorize Caring People Home Homecare to Automatically charge this credit card for all services rendered.

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

ACH

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

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

I authorize Caring People Home Homecare to Automatically process an ACH charge for all services rendered.

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

TERMS

Caring People Homecare creates invoices based on signed aide activity sheets at least every two weeks, at which time the authorized actions above will be charged for services rendered. A copy of the invoices and receipt of charges will be mailed accordingly. Please refer any questions or issues to the below contact information. A default of payment is considered when a client has any outstanding balance over 90 days from date of invoice for services rendered. Caring People will make every effort to contact you in advance of any charges processed.

Electric funds transfer debits and/or credits from the account identified above for payments due or when applicable, apply electronic funds transfer credits to the same. Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (Non-Sufficient or Uncollected Funds), I authorize, Caring People Homecare to collect a returned item fee of \$25.00 (or the maximum amount allowed by state law) per item by electronic debit from the same account identified above. For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institute identified above. This authorization is to remain in full force and effect until MERCHANT has received written notification of its termination in such time and in such manner as to afford MERCHANT a reasonable opportunity to act on it or until the authorization expires. Any such notice should be send to the address below.

CONTACT

**Fax this completed form to 718-425-4603**

Caring People Homecare Finance Group  
162-18 71st Avenue, Fresh Meadows NY 11365  
Phone 877-227-4649  
Email [finance@caringpeopleinc.com](mailto:finance@caringpeopleinc.com)