



**Automatic Bank Draft (ACH)
EXTENDED CARE PROGRAM**

I hereby authorize Guardian Angels to initiate electronic withdraws from my

Checking Account

Savings Account

from the Financial Institution named below on the 30th of the month.

Financial Institution Name _____

City, State _____

Routing/Transit Number _____

Checking Account Number _____

Savings Account Number _____

This authority is to remain in full force and effect until Guardian Angels has received from me written notification of its termination in such time and in such manner as to afford Guardian Angels and Financial Institution a reasonable opportunity to act on it.

Name _____

Date _____

Address _____

City, State, Zip _____

Signature _____

Please attach a sample voided check to verify accuracy of routing/transit number and account number.