



## AUTHORIZATION FOR DIRECT DEBIT

Company Name: \_\_\_\_\_

I authorize the Company named above to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the Company and financial institution(s) a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution three days before my account is charged. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name(s) (print or type): \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

- \_\_\_\_ New Authorization
- \_\_\_\_ Change to Previous Authorization
- \_\_\_\_ Termination

*\*If you complete this form, please note that Sole 2 Soul will only withdraw money if you also electronically sign the Payment Authorization Form in your Therapy Appointment Portal.*