

CARE-LA
10323 Santa Monica Blvd., Suites 102 & 103
Los Angeles, CA 90025
(424) 421-CARE

E-Check (ACH) Payment Authorization Form

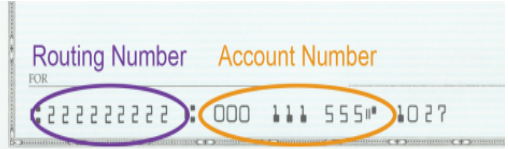
Sign and complete this form to authorize CARE-LA to initiate electronic debit withdrawal from your checking or savings account.

By signing this form you give us permission to debit your account for the agreed upon amount on or after the date of your session.

Please complete the information below:

I, _____, authorize CARE-LA to charge my bank account indicated below as
(full name)
of _____.
(today's date)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

<p>Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Name on Acct _____</p> <p>Bank Name _____</p> <p>Account Number _____</p> <p>Bank Routing # _____</p> <p>Bank City/State _____</p>	
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Please include secondary form of payment in the event of debit rejection for Non Sufficient Funds.

_____ (name on credit card) _____ (credit card number)

_____ (exp date) _____ (CV#) _____ (billing address for card) _____ (city, state, zip)

SIGNATURE _____ DATE _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I will not dispute CARE-LA's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.