

# CARE-LA

10323 Santa Monica Blvd., Suites 102, 103 & 106  
Los Angeles, CA 90025  
(424) 421-CARE

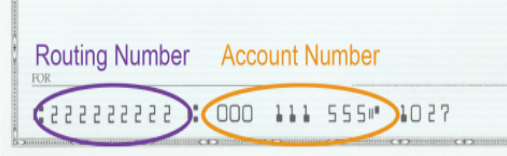
## E-Check (ACH) & Credit Card Payment Authorization Form

Sign and complete this form to authorize CARE-LA to initiate debit withdrawals from your bank account or to initiate charges to your credit card account for payment of services.

I, \_\_\_\_\_, authorize CARE-LA to debit my bank account or charge my credit  
(full name)  
card account indicated below as of \_\_\_\_\_.  
(today's date)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Routing Number _____	
Account Number _____	
Bank City/State _____	



**There is no surcharge when paying with your bank account by eCheck (ACH)**

\_\_\_\_\_ (name on credit card) \_\_\_\_\_ (credit card number)

\_\_\_\_\_ (exp date) \_\_\_\_\_ (CV#) \_\_\_\_\_ (billing address for card) \_\_\_\_\_ (billing zip code)

**There will be a 3 % surcharge of the transaction amount when paying with credit card that is not greater than the cost of acceptance. The entire fee amount is paid to third-party payment processors, and no portion is received or retained by CARE-LA.**

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

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.