



### First Stop Health ACH Form

Please complete the following information in order for First Stop Health to collect monthly payments via ACH.

Bank Name	
Bank State	
Name on account	
Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account type	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Account number	
Routing Number	

I authorize First Stop Health to collect payments via ACH from the account listed above for open accounts receivable from our Company on the due date.

Signed by:

\_\_\_\_\_

Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_