



# Electronic Payment Plan

Name:		Account Number (s)	
Street Address	City	State	ZIP Code

GUARANTOR INFORMATION (Please fill out)			
Name	Phone	_____	Email
Address	City	State	ZIP Code

PAYMENT PLAN (Please fill out)	
Total Balance Owed	Start Date
Number of Payments	Frequency of Payments <input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
_____	Total Amount per Payment

PAYMENT INFORMATION (Please fill out form of payment)	
<input type="checkbox"/> Charge my Bank Account	<input type="checkbox"/> Charge my Credit Card
Bank Name:	Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Name on Account:	Card Number:
RT Number:	Expiration Date:
Account Number:	_____

SIGNATURE AND AUTHORIZATION	
<p>I authorize NetDeposit, LLC, on behalf of the Company to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Company receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Company reasonable opportunity to act (minimum of 30 days).</p> <p>I understand that if the total amount owed to Company is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to Company is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.</p> <p>All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to NetDeposit, LLC 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Company or NetDeposit, LLC, due to Non Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank.</p> <p>I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Company, the bank, NetDeposit, LLC, harmless from damage, loss, or claim resulting from all authorized actions hereunder.</p>	
****Signature	****Date
****Print Name	_____

Return to Patient Accounts, 1201 W. 12th Ave, Emporia, KS 66801, Drop off at the Main Entrance Registration desk (Entrance C) or FAX (620) 341-7821