



# Checking/Saving Account Authorization Agreement for Automatic Payments

**Borrower Name:** \_\_\_\_\_ **Loan Number:** \_\_\_\_\_

\_\_\_\_\_ initial I hereby authorize the billing company to initiate withdrawals from my account as indicated below, and understand that the debit will reflect on my account as "Private Payment Services".

\_\_\_\_\_ initial I authorize my checking/savings account to be withdrawn periodically according to scheduled payment dates on my agreement associated with account number listed above. Payments that fall on holidays and weekends will be debited on the following business day.

\_\_\_\_\_ initial I understand that the amount withdrawn each month may vary based upon the collection of Returned Payment Fees or Late Fees incurred due to a returned payment, if my contract allows for automatic collection of these fees. I understand I will receive notice only when a withdrawal varies from the payment amount listed on my most recent account statement. I may reference my agreement for details concerning Returned Payment Fees or Late Fees.

\_\_\_\_\_ initial I certify that the withdrawal date I have indicated below is fewer than 20 days before my monthly due date, and also within my grace period.

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| <p><b>Name(s) on Bank Account:</b> _____</p> <p><b>Bank Name:</b> _____</p> <p><b>ABA Routing Number:</b> (9 digits) _____ <b>Bank Account Number:</b> _____</p> <p><b>Start Date:</b> (date of first draft) _____</p> |
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My authorization for account withdrawal from this U.S. bank account shall remain in full effect until I notify the billing company to change or cancel the arrangement, which must be at least three (3) days in advance of any scheduled draft dates. I understand payments changed or cancelled fewer than three days prior to a charge date may still withdraw the impending transaction. I understand that I can call (877) 488-9556 for cancellation or customer service, Monday through Friday from 6:00am-7:00pm, and Saturdays from 7:00am-12:00pm, Pacific Standard Time. I may also request a payment in full letter when my account reaches a zero balance and the letter will be sent to my address on file. I hereby release Private Payment Services and its affiliates from any and all claims resulting from this.

**Account Holder:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Account Holder:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In case of errors or questions about your electronic transfers, please contact us the following ways:**

- Call us at 1-877-488-9556
- Write us at PO Box 911007 San Diego, CA 92190-1007, or
- Email us at [elderlife@acct-admin.com](mailto:elderlife@acct-admin.com)

If you think your statement or receipt is wrong, or for additional information about a transfer listed on a statement or receipt, we must hear from you no later than sixty (60) days after we send the FIRST statement on which the problem or error appeared.

**Please note, if you inform us by phone, we may require the details in writing within ten (10) business days. Please provide the following details:**

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error and why you need more information.
- Tell us the dollar amount of the suspected error.

We will determine whether an error occurred within ten (10) business days of your approved submitted information, and will correct any error promptly. If the issue requires additional investigation, we may take up to forty-five (45) days to investigate your complaint or question. If we decide to do this, we will credit your account within ten (10) business days. For new accounts, we may take up to twenty (20) business days to credit your account for the amount you think is in error. We will tell you the results within three (3) business days of concluding our investigation. If we decide that no error occurred, we will provide a written explanation. You may request copies of the documents we used in our investigation.