Pikes Peak Hospice & Palliative Care, Inc.
Pikes Peak Hospice Foundation
2550 Tenderfoot Hill Street
Colorado Springs, CO. 80906

Automated Clearing House Credit(ACH)/Debit Authorization Form

I (we) hereby authorize _Pikes Peak Hospice and Palliative Care /Pikes Peak Hospice Foundation_____ *(The Company)* to initiate a *(select one: CHARGE____ or CREDIT _____)* entry to my (our) checking/savings account at the financial institution indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

_____ _____
Name of Financial Institution Location (City and State)

Financial Institution's Routing/Transit Number (9 digits) __ __ __ __ __ __ __ __ __

Checking Account Number_____
Or
Savings Account Number_____

_____ _____, 200_____
Authorized Signature Date

_____ __ __ __ - __ __ __ - __ __ __ __
Authorized Name (Please Print) Telephone Number including area code

For notification of charges:

Email:_____

Name & Address:
_____

_____

If your account is being charged (debited), you may select one of the following:

Set Amount $ _____(to be charged to my account monthly by The Company)

Please attach a copy of a Canceled Check or Deposit Slip with correct Routing/Transit and Account Number
There are no valid routing/transit numbers beginning with any number higher than three.