



Briggs: 399 Ninth St N., Naples, FL 34102
PH: (239) 624-2750 Fax: (239) 624-2751

Whitaker: 2330 Immokalee Rd., Ste 1, Naples, FL 34110
PH: (239) 596-9200 Fax: (239) 597-8071

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

I (we) _____ hereby authorize Naples Community Hospital, Inc. Wellness Center to initiate debit and/or credit entries of membership dues to my (our) account indicated below and does further authorize the depository institution named below to debit and/or credit such entries to my (our) account.

Option 1: Payment from a checking account (a voided check must be attached):

Attach voided check here:

- **OR** -

Option 2: Payment by credit card (Visa, Mastercard, Discover or AmEx)

Credit Card Account Number: _____
(16 digits required for VS, MC & DS; 15 digits required for AE)

Expiration Date (mm/yy): _____

This authorization is to remain in full force and effect until the Wellness Center has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Wellness Center and depository a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Member #: _____

Authorized Signature: _____

Date: _____

EFT Terms and Conditions:

- Existing members participating in the EFT program for the first time will have membership dues drafted beginning the month after the completion of this form. All charges or credits on the member's account prior to the first EFT will be handled as at present.
- Drafting occurs on the 2nd day of each month. The drafting will include all unpaid membership dues due on or prior to the date of drafting. If the drafting date falls on a holiday or weekend day, member gets the additional time, as the amount will be drafted the next business day after the holiday or weekend day.
- Cancellations and/or temporary Holds must be done in writing and are due by the 25th of the month preceding the requested cancel/hold date. No refund on EFT draft for cancel/hold forms/notices turned in after the 25th.
- If any amount does not agree with your records, please notify us at either (239) 624-2750 or (239) 596-9200 and we will suspend EFT of a particular month's dues until the issue is resolved.
- Any discrepancies discovered after payment of a month's dues will be adjusted on the next scheduled draft date. Corrections and credit memos will be handled in the same manner as before.
- The EFT Authorization Agreement will remain in effect until terminated by either party upon written notice, unless member refuses payment for debit entry or sufficient funds covering the EFT are unavailable, in which case the agreement may be terminated by the Wellness Center.