



5900 Green Oak Drive, #200
Minnetonka, MN 55343

Recurring Payment Authorization Form

Please complete the below form if you have chosen to have your monthly Recover Care payment deducted from your credit card, or directly from your bank account.

I authorize Recover Care to charge the credit/debit card or bank account below for the client, _____ on the 4th business day of each month for services from the prior month, and an initial service deposit of _____.
I understand if I choose to pay via credit card, a 3% service fee will be charged for each credit card transaction.

Please complete the information below with your method of payment:

Credit Card Information

Visa MasterCard Discover American Express

Cardholder Name: _____ Account Number: _____
Exp. Date: _____ CVV code: _____
Cardholder Address: _____
Cardholder City/St/Zip: _____ Cardholder Phone: _____

Bank Information

Checking Savings

Account Name _____ Billing Address _____
Bank Name _____ City _____
Account Number _____ State _____
Routing Number _____ Zip _____

My signature below authorizes Recover Care to regularly debit my credit card or bank account listed above each month, for the invoice amount. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Recover Care, of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand and agree, as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH or Credit Card transaction being rejected for Non Sufficient Funds (NSF), I understand I may be charged applicable fees.

PRINTED NAME _____ **SIGNATURE** _____ **DATE** _____

I understand, if the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that if I fail to make my monthly payments, my account will be due in full. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card, or bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.