



Branson Veterinary Hospital

Client Acct # \_\_\_\_\_

Tech: \_\_\_\_\_

**Wellness Plans AutoPay**

29 N. Wintergreen Rd\*Branson MO 65616\*(417)337-9777

**Automated Monthly Bank Withdrawal Authorization Agreement**

Use this form to enroll in or make changes to your AutoPay account.

I hereby authorize Branson Veterinary Hospital, Inc to initiate funds transfers for the amount of monthly premium for coverage of the wellness plan chosen below and authorize my bank to honor these transfers.

Client Name \_\_\_\_\_

Client Address \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip)

Wellness Plan enrolling in \_\_\_\_\_

Name of pet(s) being enrolled \_\_\_\_\_

Choose the appropriate statement below:

• **I wish to enroll in AutoPay**

Monthly payments will be deducted each month on the (choose one) 1<sup>st</sup> or 15<sup>th</sup>, or first banking day following any weekend or holiday. The deduction will include the monthly payment fee of the chosen plan. I have the right to stop payment of a transfer from my bank account to Branson Veterinary Hospital, Inc. I must notify the bank at least three business days before the schedule payment date. I understand that in order to stop a draft from being processed through my account, I must notify Branson Veterinary Hospital, Inc. no later than the 20<sup>th</sup> of the month to be effective for the following month's automatic withdrawal. I agree to indemnify and hold harmless Branson Veterinary Hospital, Inc. for any claim arising out of transfers or deductions from my account pursuant to this agreement. *For every payment returned to us for various reasons (i.e., "insufficient funds", "account closed", "account not found/unable to locate account".) there will be assessed a \$5.00 fee attached to the Declined Payment entered on your account.*

• **Please change my AutoPay account**

Branson Veterinary Hospital, Inc. agrees to discontinue drafting from your current account and begin drafting from the account listed on the voided check/deposit slip attached below. Change request are effective the 1<sup>st</sup> of the month. Notification must be received by Branson Veterinary Hospital, Inc no later than the 20<sup>th</sup> of the month preceding the date of change.

• **Please discontinue AutoPay from my policy**

Please complete the following, then sign and date below:

Name on bank account \_\_\_\_\_

(Please print your name as it appears on your bank account)

Signature of bank account holder \_\_\_\_\_ Date: \_\_\_\_\_

Account funds transferred from \_\_\_\_ Checking \_\_\_\_ Savings

Please attach account information here:

Ex: voided check, deposit slip