



# Advanced Medical Transport

of Central Illinois

*Save Lives. It's what we do.*

## Authorization and Agreement

This form completed in its entirety will authorize Advanced Medical Transport to deduct payments from your checking account.

I hereby authorize Advanced Medical Transport to instruct my bank or the financial institution named in this application to make my payment from the account listed as they are due. I understand that I am in full control of automatic payments. I may discontinue enrollment at any time by calling Advanced Medical Transport @ (309) 494-6203 or (855)268-2455. If I have signed up for monthly payments and need to stop them for any reason I can.

Simply complete the form on the back and either mail it back to:

Advanced Medical Transport

1718 N Sterling Avenue

Peoria, IL 61604

Or

fax it to: (309) 494-6537

Monthly payments of: \_\_\_\_\_ to be taken on this day of the month: \_\_\_\_\_

(If this date falls on a weekend, your payment will be processed on the following Monday.)

If your bank or financial institution denies your payment, we will attempt to process it for 3 consecutive days. On the 4<sup>th</sup> day, you will receive a collection notice if we haven't had any contact with you for a resolution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Your Name	(4) First Bank of USA	(6) 0523
(2) Your Address	(5) Bloomington, IL	
(3) Your City, State, Zip	(7) 70-7026/2711	12/31/98
Pay To The Order of _____		\$ _____ (8)
		_____ Dollars
Memo: (9)	(10) _____	
⑆005023⑆ ⑆271170264⑆ ⑆23423423⑆ (6) (11) (12)		

(1) Name or Company on check: \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) City, State, Zip: \_\_\_\_\_

(4) Bank Name: \_\_\_\_\_

(5) Bank City/ State: \_\_\_\_\_

(6) Check Number: \_\_\_\_\_

(7) A. B. A. Number: \_\_\_\_\_

(8) Amount of Check: \_\_\_\_\_

(9) This check is for what patient name: \_\_\_\_\_

(10) Authorized by: \_\_\_\_\_

(11) Transit Number: \_\_\_\_\_ (Always 9 digits beginning with 0,1,2 or 3)

(12) Account Number: \_\_\_\_\_

Phone #: \_\_\_\_\_

Account/Run #: \_\_\_\_\_

Additional Comments or Special instructions: \_\_\_\_\_

\_\_\_\_\_