



**ACH DEBIT / CREDIT CARD  
AUTHORIZATION FORM**

**Account Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

Please state total monthly amount in US Dollars for the account (s) that are active and you utilize under Inmediata. *Inmediata Health Group will perform an ACH debit transaction for the amount you specify in total on a monthly basis and/or when invoice payment is due.*

**Monthly Charge \$** \_\_\_\_\_ **Annual Charge \$** \_\_\_\_\_

**Accountholder Name:** \_\_\_\_\_

**Bank Account Information**

**Credit Card Information**

Bank Name: \_\_\_\_\_

**Visa**  **Master Card**

Branch: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Bank Routing Number (ABA): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account type:  Check  Savings

CVV (Security Code): \_\_\_\_\_

**DISCLAIMER STATEMENT**

Provider shall hold harmless, indemnify and reimburse INMEDIATA HEALTH GROUP and its affiliates for any and all claims, judgments, liabilities or costs, including attorney's fees, which arise out of or are incurred in connection with providing services under this agreement relating to claims processing on behalf of Provider. The maximum liability of INMEDIATA HEALTH GROUP in any event for any claim is the fees charged by for INMEDIATA HEALTH GROUP said claim(s).

Being the accountholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Inmediata Health Group to debit my bank account, for the services provided. I further agree that in the event my bank account or credit card becomes invalid, I will provide Inmediata Health Group with a new valid bank account or credit card upon request, to be charged for the payment of any outstanding balances owed to Inmediata Health Group. **For bank account debits:** In the event a charge is returned by insufficient funds, I authorize to process an automatic new debit as many times as deemed necessary. I understand that there will also be a charge of \$ 25.00 for every charge returned by the bank.

I understand and agree to the aforementioned terms and conditions:

**Provider Printed Name:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_