



Hayward Area Memorial Hospital & Water's Edge

Right here in the place we love.

Hayward Area Memorial Hospital Auxiliary Lifeline

11040 N State Road 77 Hayward, WI 54843

Ann Kozak, Lifeline Coordinator

Tel: (715) 934-4323 Fax: (715) 934-4270

amkozak@hamhwe.com

Direct Debit Authorization

Name (Last, First, Middle Initial):
Social Security Number:
Financial Institution Name (bank, Savings Institution, Credit Union, etc.):
Transit Routing Number (Must be 9 numbers):
Account Number:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize HAYWARD AREA MEMORIAL HOSPITAL AUXILIARY LIFELINE to direct debit funds from my account at the financial institution listed above. I understand that the authorization may be rejected or discontinued by HAYWARD AREA MEMORIAL HOSPITAL AUXILIARY LIFELINE at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct debit is not stopped before closing an account, funds payable to HAYWARD AREA MEMORIAL HOSPITAL AUXILIARY LIFELINE may not be credited for Lifeline services.

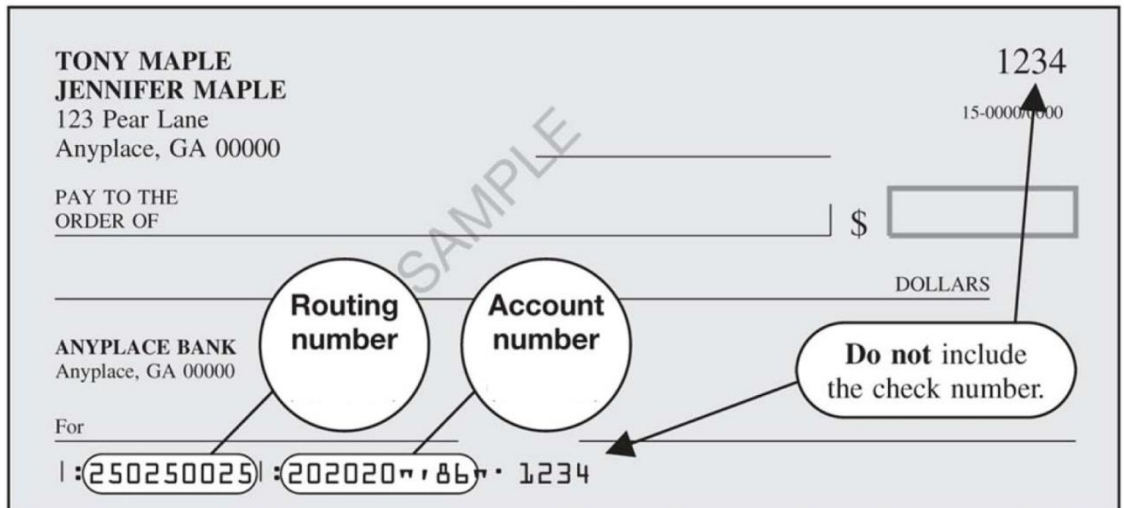
Signature:	Date:
Phone Number:	
Address:	

If you select to have your payment debited from:

Checking Account: Tape a voided or cancelled check to this form

Savings Account: Contact your financial institution to obtain its transit routing number and your account number

Attach a voided check or photocopy of a check for checking account.
DO NOT ATTACH A DEPOSIT SLIP.



OFFICE USE ONLY:

Received By:	Date:
System Entry By:	Date: