

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM  
FOR PALMER COLLEGE OF CHIROPRACTIC**

**METHOD OF PAYMENT**

**I authorize Palmer College of Chiropractic (PCC) to debit my account each month starting \_\_\_\_\_ for (amount per month) \_\_\_\_\_ on or around the 10<sup>th</sup> day and every month thereafter.**

**I can cancel this arrangement at any time by contacting Palmer College of Chiropractic in writing.**

**I authorize the bank, per attached check bank number and routing number, to make payment on my behalf to PCC. I understand that I am in full control of my payment.**

**I can stop this automatic direct payment at any time by contacting Palmer College of Chiropractic in writing.**

**I have read, understand and agree with the terms of this form.**

**(If corporation, a corporate officer must sign. If partnership both partners must sign.)**

**(If a two signature check, both parties must sign.)**

Signature	Name (print or type)	Title	Date
_____	_____	_____	_____
Signature	Name (print or type)	Title	Date
_____	_____	_____	_____

**For Debiting Your Checking Account  
Please Attach a Voided Check Here**

Or  
**Savings Account:**

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Or  
**Other Account:**

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_