



Canyon County Ambulance District

6116 Graye Lane · Caldwell, ID 83607 · (208) 795-6930 · Fax (208) 795-6931

Patient Financial Services

Authorization for Automatic Withdrawal:

I, _____, give my permission for Canyon County Ambulance District to withdraw \$_____ from my account on the _____ of every month until the balance owing has been paid in full. I understand that if I choose to pay with credit/debit card there will be a \$2.00 transaction fee applied to each transaction.

Account Information:

Patient Name: _____ Run #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Statement Balance: \$ _____

Pay with Credit/Debit Card: (\$2.00 fee per transaction)

Cardholder Name: _____

Card #: _____

Expiration Date: _____

CVV Code: _____

(Three Digits on the back of the Card)

Pay with ACH Withdrawal: (No additional fee)

Name on Account: _____

Routing Number: _____

Account Number: _____

Account Type: Checking _____ Savings _____

ACH Type: Personal _____ Business _____

Account holder's Signature

Date

Authorized P.F.S Associate

Date