



River City Medical Group  
7311 Greenhaven Drive Suite 145  
Sacramento, CA 95831  
Michelle Long Tel: 916-382-4206  
Fax: 916-400-3982

### ACH Authorization Form

I (we) hereby authorize River City Medical Group (The Company) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (The Financial Institution), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

**{You must mail original ACH form with a voided check to the address above}**

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

\_\_\_\_\_  
(Provider Tax ID#)

\_\_\_\_\_  
(Name on Check - PLEASE PRINT)

\_\_\_\_\_  
(Address on Check - PLEASE PRINT)

\_\_\_\_\_  
(Check Signer Signature)

\_\_\_\_\_  
(Date)

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

These numbers are as follows:

I: <u>123456789</u>	I: <u>1234567890123</u>
Routing Number	Account Number

\_\_\_\_\_  
Email Address to send ACH transfer notifications

\_\_\_\_\_  
Contact Person Name

\_\_\_\_\_  
Contact Person Phone

\_\_\_\_\_  
Contact Fax Number

Fax the ACH form to:  
Michelle Long  
Fax: 916-400-3982