Elevate Health

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Recurring Payment Authorization Form

For Your Monthly Membership to Elevate Health

By signing this form, you are giving permission for Elevate Health to charge your credit card or process an ACH transaction with bank information you have provided verbally to Elevate Health staff. The first transaction will take place the same day as your first visit and will recur monthly on your anniversary date.

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your credit card. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Elevate Health in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: ____ DATE: ______________________