

## AUTHORIZATION AGREEMENT FOR DIRECT DRAFT PAYMENT (ACH DEBITS)

I/We hereby authorize Curamericas Global to initiate debit to my/our bank account and financial institution indicated below on a monthly basis for the amount entered below.

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_  
Amount to be Debited per Month \_\_\_\_\_  
Comments \_\_\_\_\_

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This authorization is to remain in full force and effect until Curamericas Global has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Curamericas and my/our Financial Institution a reasonable opportunity to act on it.

Name \_\_\_\_\_ *and/or* Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Signature *and/or* Signature

\_\_\_\_\_  
Date Date

You should anticipate the first draft approximately 30-45 days after we have received your authorization. Drafts will occur on or about the 15<sup>th</sup> day of each month, unless another day is specified by you.

Please send to:

Stephanie McMillan  
Curamericas Global  
318 W. Millbrook Rd. Ste. 105  
Raleigh, NC 27609

(919) 510-8787  
[stephanie@curamericas.org](mailto:stephanie@curamericas.org)  
[www.curamericas.org](http://www.curamericas.org)