

Debit Authorization

I (we) hereby authorize **TWIN CITY AMBULANCE SERVICE, INC DBA KEN-TENN EMS**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Ambulance Fee. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Checking Account Number)

ACH Amount: \$ _____

ACH Date (circle one): Monthly on the 5th Monthly on the 20th

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Acct # Number) (Date)

RETURN FORM TO:
Ken-Tenn EMS, PO Box 1350, Fulton, KY 42041 or ashley@ktems.org

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!