



Bethel Lutheran Nursing & Rehabilitation Center

Recognizing Each Individual As A Child of God

1515 2nd Avenue West | Williston, ND 58801 | Phone: 701-572-6766 | Fax: 701-572-7579

Auto Credit/Debit Authorization Form

I (we) hereby authorize Bethel Lutheran Nursing & Rehabilitation Center to initiate entries to my checking/savings accounts at the financial institution named below, and if necessary, initiate adjustments for any transactions credited/debited in error.

Name of Financial Institution

Address of Financial Institution

Routing Number

Account Number

Name on Bank Account

Checking

Savings

This authority will remain in effect until Bethel Lutheran Nursing & Rehabilitation Center has received written notification from me (us) of its termination in such time and manner as to afford Bethel Lutheran Nursing & Rehabilitation Center and the Financial Institution a reasonable opportunity to act on it.

Resident Name (Please Print)

Responsible Party (Please Print)

Signature

Date

Please attach a copy of voided check.