



LIFESAVE
TRANSPORT

LifeSave Confirmation of Payment Agreement

Monthly Amount: _____

Name of Patient

Date of Agreement

Date(s) of Service:

Call #:

We offer 3 ways to make your monthly payments. Please select one.

1. I agree to submit monthly payments charged to my

Visa Mastercard Other _____

Card # _____ Exp. Date _____

I would like this to be an automatic deduct on my card every month. Payment date:(mm/dd) _____

2. I would like to have my checking/savings account deducted

Checking Savings

Name on Account _____

Bank Routing Number _____

Account Number _____

I would like this to be an automatic deduct on my account every month. Payment date:(mm/dd) _____

Billing Zip Code _____

3. I will send a personal check, beginning on _____ and continuing until my account is paid in full.

I understand that as long as I make my payments as agreed, LifeSave will charge no interest on the balance due. If for any reason I do not make my payments as agreed, I understand that LifeSave may choose to exercise their right to void this agreement and the balance will be considered due in full.

I agree to all terms as outlined above.

Patient or Responsible Party Date

Relationship to patient if other than self