AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBITS)

Company Name: Mercy Children's Clinic Company Tax ID Number: 62-1781969

I (we) hereby authorize Mercy Health Services, Inc., herein called Mercy Children's Clinic, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) [ ] CHECKING [ ] SAVINGS account indicated below and the depository named below, herein called DEPSOITORY, to debit and/or credit the same to such account. I (we) also acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____

ROUTING NUMBER: _____ ACCT NUMBER: _____

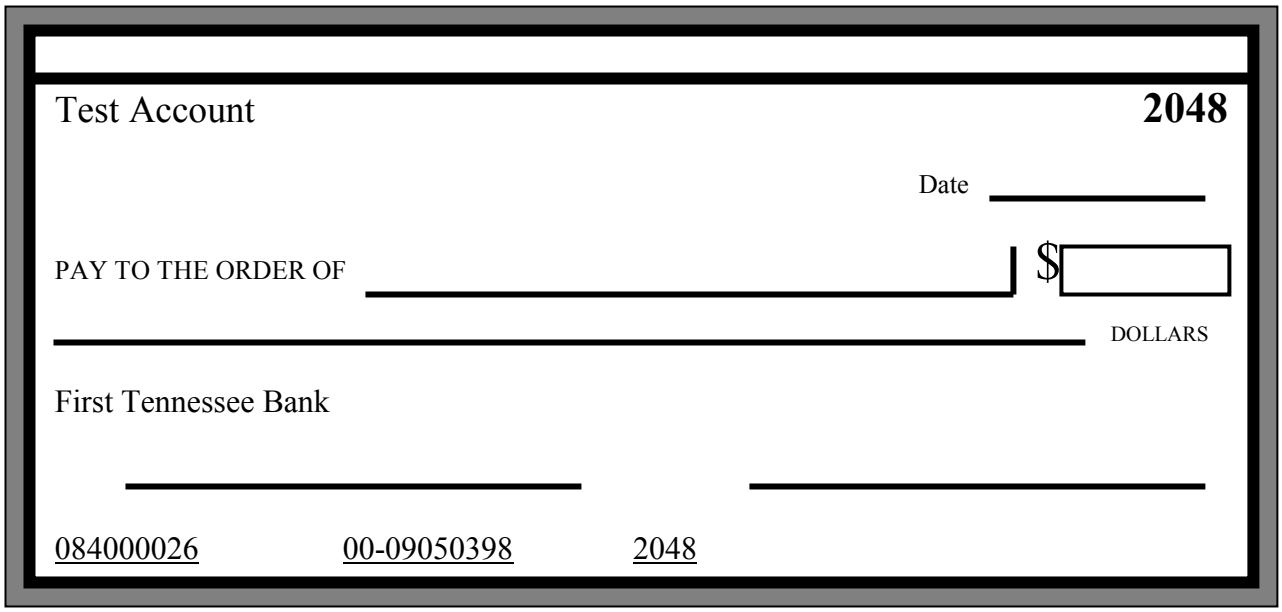
AMOUNT OF DEBIT: $_____

This authorization is to remain in full force and effect until Mercy Children's Clinic has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Mercy Children's Clinic and DEPOSITORY a reasonable opportunity to act on it.

NAME(s): *PLEASE PRINT* _____

PHONE: _____ Email: _____

DATE: _____ SIGNATURE _____

Note: You will receive a confirmation by email when your account is debited on or around the 10th of each month. The text of the message will read: Mercy Children's Clinic has sent a request to Tennessee Commerce Bank on (date) to transfer (amount) FROM your account. The confirmation ID for this request is (number). **Please do not respond to this confirmation**. Your response will be sent to Tennessee Commerce Bank, not to Mercy Children's Clinic.

(Please attach a voided check)