



Check By Phone Consent

Resident Name: _____
Last First Middle Initial

Facility Name: _____ Customer Number: _____

I authorize **Guardian Pharmacy** to create a bank draft that will debit my checking account as follows:

ALL INFORMATION GIVEN HERE MUST BE EXACTLY AS IS WRITTEN ON YOUR CHECK:

Date: _____

Account Holder's Name: _____

Account Holder's Address: _____

Bank Routing Number: _____ Bank Name/Branch: _____

Bank Account Number:

Check Number:

Check Amount:

.

Accountholder Signature: _____ Date: _____

Supervisor Signature (Verbal Auth.)

**** PLEASE ATTACH A VOIDED CHECK WITH THIS FORM ****