



ACH Transfer Enrollment Form

Account Information:

Bank Name/ City/ State: _____

Routing/ Transit #: _____ Account Number: _____

____ Checking ____ Savings ____ Other

I hereby authorize Genesys Spine, either directly or through its banking service provider to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Genesys Spine, either directly or through its banking service provider, to my account. In the event that Genesys Spine deposits funds erroneously into my account, I authorize Genesys Spine, either directly or through its banking service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Genesys Spine and Bank have received written notice from me of its termination in such time and in such manner as to afford Genesys Spine and Bank reasonable opportunity to act on it.

Print Name: _____

Social Security #: ____ - ____ - ____

Signature: _____

Date: _____