



Private Pay Client Service Agreement

Acknowledgement of Terms of Agreement

I, _____, agree to pay Meals on Wheels of Central Maryland, Inc. \$.10 per meal for all meals received each day from the company. I further agree to send payment for this service within 30 days of the notification date shown on each monthly statement I receive to ensure my continued service. I agree to promptly notify the agency if I will be/am away from my home so that the agency can suspend my service until I return home.

Signed: _____ Date: _____

Automatic Payment Authorization
(Credit/Debit/EBT/ACH Only)

Client Name: _____ Member ID#: _____
(offices use only)

Card Holder (if different from client): _____

Contact for declined Payments (Name and phone number): _____

Credit/Debit Card #: _____ EXP. DATE: _____ CSV#: _____

Type of Card: Visa/Master Card/AMEX (circle one) Posting Date: 1st/15th/30th (circle one)

EBT - CARD#: _____ Posting Date: _____

ACH: _____ Posting Date: _____

If you are authorizing dual payments please identify Fixed amounts/balance amounts for each account.

I hereby authorize Meals on Wheels of Central MD to automatically apply payment to my account using the information provided above. I understand that payments will be applied for the amount invoiced in each service period and then for any outstanding balances after the termination of services.

Client Signature: _____ Date: _____

Card Holder Signature
(if different from client): _____ Date: _____