

Bank Draft Agreement

I, _____, agree to allow Leah B. Gilliam, MD, PC to draft from my bank account / credit card (circle one) the amount of \$_____ once per month in order to cover Direct Primary Care fees for the following patient(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Bank Routing Number (or credit card number):

Account Number (or expiration date):

Patient/Payee Name

Signature

Date