

A wholly owned subsidiary of Harror Transportation Services, Inc.

Fax to 561-475-2169

Email: info@wecareforyou.care

Check By Phone – Authorization Form

Routing Number		
Account Number:		
Account Name:		
Check Number:		
Account Address		
Email Address:		
Telephone No.:		
Amount of Check:	Date:	
acknowledge and agree that the represents non-refundable fees a refundable for any reason. By si representations that they are being Moreover, I have represented the belief that would lead me to belief Care For You, to be paid the amount and complete responsibility to Winterest at the highest amount perpersonally liable for any and all amounts contemplated herein. A County and/or Small Claims County and/or Small Claims County	•	nd that the debit amount res and/or costs are asonably relying on my we undertaken. wledge, information or ution in order for We any reason, I accept full result of non-payment, anowledge that I will be corts to collect the prought in the Circuit,
0 0	8), am of sound mind and have no legal, medical or other impedin binding legal agreement such as this.	nents that prevents me
• 0	e internet, then by typing your name you are indicating are authorizing us to run your card.	that is your
Signature]	Date / /