



Direct ACH Authorization Form

_____(Name), hereby authorizes Little Heroes LLC to directly debit via ACH the below referenced bank account for the patient responsibility portion for the pediatric physical therapy services provided to my child.

Bank Name: _____

Bank Address (City, State): _____

Bank Phone Number: _____

Bank Routing Number (ABA): _____

Bank Account Number: _____

I understand that my bank account can be debited at anytime for the charges that have been incurred for each treatment session that has been performed. I will also notify Little Heroes LLC if there are any modifications to the account provided above.

Customer Signature

Date