



AFHC Membership Sign up Form

A voided check must be attached to this form.

AFH Name:		
Name of Licensee:	DSHS License #:	
AFH Address:		
City:	Zip:	
Mailing Address:		
City:	Zip:	
Phone:	Fax:	Cell:
Email Address:		
Website:		

Please either check monthly OR annual withdrawal:

Monthly

Annual

Authorization of Monthly or Annual Bank Draft

I hereby authorize and request Adult Family Home Council to withdraw funds from my account at the bank indicated on the enclosed voided check. Funds need to be available at the designated bank on the evening prior to the effective date of the ACH withdrawal. In the event of an error, I authorize Adult Family Home Council to take any and all action required to correct the error. I agree to indemnify and hold Adult Family Home Council harmless from all costs, including attorney's fees (to the extent permitted by law), damage or claims related to Adult Family Home Council action in refusing payment of the item, including claims of any joint account-holder, payee, or endorsee, or in failing to cancel or process an item as a result of incorrect information provided by me. By signing below, I certify that the information I have provided on this ACH Debit Authorization Agreement for Direct Payments is complete, true and submitted for the purpose selected above.

ACH Cancellation Policy

If you wish to cancel a previously scheduled withdrawal from your account, please send an email or written notice to the Adult Family Home Council at: 3309 Capitol Blvd SW STE 1 Tumwater, WA 98501-3305 or by email at: info@adultfamilyhomecouncil.org

Print Name: _____ Signature: _____ Date: _____

Complete this form and fax it to us to start your membership today!

Members currently using the monthly payment plan option will automatically renew and do not need to complete a new information form. Fax this form to 1-360-943-6653 Questions? Call us at 1-360-754-3329