



Annual Storage Fee Electronic Funds Transfer Agreement

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CorCell offers the option to automatically pay your child's annual storage fee each year per the following:

- All storage fees must be paid via Electronic Funds Transfer (EFT) from your personal checking account
- Annual storage fees will be charged for as long as the cord blood remains in storage
- The first EFT will take place upon receipt of this agreement for any outstanding storage fee invoice, or upon the due date of your next annual storage fee invoice if no invoice is currently due
- For each annual storage invoice, you will receive a reminder of your EFT Payment 30 days prior to your child's birthday
- Annual storage fees are due on your child's birthday
- Late fees may apply to accounts that are past due, should funds be unavailable on the storage fee invoice due date

EFT Authorization: I hereby authorize CorCell to charge the selected bank account in accordance with the plan selected above, and apply said charge toward payment of the storage fee charges I owe CorCell. I understand that I will remain responsible for recurring charges, additional late fees and other applicable charges if the withdrawal to the bank account I have listed below is denied for insufficient funds or the account otherwise becomes unavailable.

Account Information – Funds will be debited from a personal checking account only.

Financial Institution Name

Financial Institution Address

I authorize CorCell to withdraw the annual storage fee per my signed Payment Agreement on my child's birthday each year from the following account:

ABA Bank (Transit) Routing Number (must be 9 numbers) **Account Number (not to exceed 15 numbers)**

I:										:	II.										II
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(Enter the above information from the bottom of your check. Do not include the check number)

Re-enter bank information below:

ABA Bank (Transit) Routing Number (must be 9 numbers) **Account Number (not to exceed 15 numbers)**

I:										:	II.										II
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(Enter the above information from the bottom of your check. Do not include the check number)

This authority is to remain in full force and effect until CorCell has received **written notification from me within 30 days of its termination** in such time and in such manner as to afford CorCell a reasonable opportunity to act on it.

X _____
Authorized account holder signature

Relationship to the Donor

Today's date

Name as it appears on the account

PAR _____
Customer PAR #
(located on the top right of the invoice)