

CARE PLANNING INSTITUTE

ELECTRONIC AUTHORIZATION

In order to expedite the processing of my clients VA Pension Benefit applications, I hereby authorize Care Planning Institute, Inc (“CPI”) to record and save an original representation of my signature, by creating, for the purpose of retaining on file, a computerized electronic scan of the signature specimen, which I have provided in the space below.

CPI is hereby granted the authority to affix this electronic image of my signature in the sole purpose of signing the following two forms - which are required for the furtherance of helping my clients apply for the VA Pension Benefit: FV13 Care Provider Statement & Care Provider Statement Worksheet.

CPI will retain a copy of this Authorization and shall send me a copy of any document they assign my signature to within three (3) business days of using my signature.

Signature of Home Care Agency Representative

Date

PRINT Name Of Home Care Agency Representative

↑ Original Signature Specimen for Reproduction. ↑

All Rights Reserved Copyright | Care Planning Institute

Care Planning Institute, Inc

Authorization For ACH Transactions

Begin using this simple payment method by completing the form below. We will make all the necessary arrangements for you. Thank you for choosing this easy payment option.

If you have any questions, please call us at: 877-487-8166.

This authorizes Care Planning Institute, Inc to electronically deposit funds into the below bank account. This authorizes the financial institution holding the account to post all such entries.

BANK NAME

ACCOUNT TYPE (Checking or Savings)

CITY

STATE

BANK ROUTING # (ABA#)

YOUR ACCOUNT #

This authorization will be in effect until Care Planning Institute, Inc receives a written termination notice from myself and has a reasonable opportunity to act on it.

ACCOUNT OWNER SIGNATURE

DATE

ACCOUNT OWNER PRINTED NAME