

Windmill Eye Associates
Authorization Agreement for Automatic Withdrawal
Of Funds
For Advanced Vision Plan (AVP)

Purpose: This form is to establish an Electronic Funds Transfer (EFT) payment program, or to make a change in an established EFT program. Check the accuracy of any section completed. Please initial any corrections or changes you make. On these pages *I, me, my, you* and *your*, refer to the bank account owner. *We, us* and *AVP* refer to Windmill Eye Associates.

Withdrawal Information:

Name of account holder: _____

Name of joint account holder (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone
(Home) _____ (Work) _____

Financial
Institution: _____

Local Branch Telephone #: _____ Account type: savings
 checking

Please attach a voided check or provide:
Bank Transit Routing Number (9 digits) _____

Bank Account Number (include dashes and spaces): _____

Frequency of EFT: Monthly Semi-Monthly

Amount of EFT (per withdrawal): _____

Starting Date (mo/day/year) Please choose day as 5th or 20th: _____/_____/_____

As a convenience to me I authorize Windmill Eye Associates to make authorized electronic fund transfers from my account identified above. By signing below I understand and agree that:

If a withdrawal request is not honored by the financial institution, Windmill Eye Associates will not consider a payment to be made. Windmill Eye Associates may, in its sole discretion, resubmit the withdrawal request and notify me via telephone, e-mail or similar means.

Windmill Eye Associates EFT agreement for AVP – Page 2.

I may cancel this authorization at any time by giving Windmill Eye Associates prior written notification up to three business days preceding the scheduled date of the transfer.

I will receive monthly statements of my account with Windmill Eye Associates under the heading AVP.

I have the right to request a full refund of my AVP account balance at any time, within three (3) business days of Windmill Eye Associates receiving written request of refund.

I may allow any friend or relative full use of any AVP credit on my account at any time.

I may carry over my AVP balance year to year without penalty or loss of any funds.

I am entitled to a 20% savings on all services and materials provided by Windmill Eye Associates when enrolled in an AVP account.

I may modify this Agreement by authorizing Windmill Eye Associates to make preauthorized electronic fund transfers or other forms of check withdrawals from any other bank account or any financial institution that I so designate, which I will confirm authorization in writing.

I have the right to receive notice of all varying transfers. Varying transfers might occur on a date other than that noted above due to banking holidays or similar events.

If I am changing the bank account that funds are withdrawn from Windmill Eye Associates will draft my bank account no sooner than two (2) days and no later than eight (8) days after receiving the new form.

I have sixty (60) days from the date of withdrawal to notify Windmill Eye Associates of any errors related to a transfer under this agreement.

Except as required by the Electronic Funds Transfer Act and Regulation E, Windmill Eye Associates will not be liable for any exemplary, special, consequential, punitive, indirect or incidental damages, regardless of whether any claim is based on contract or whether any such damages were foreseeable.

I am aware this is not an insurance instrument. It is a pre-payment plan of goods and services through Windmill Eye Associates' Advanced Vision Plan.

X _____
Account owners signature Date (month/day/year)

X _____
Account co-signature if applicable Date (month/day/year)

Office
Use
Only

Employee Signature: _____ Date: _____
Confirm AVP entry: _____ VLL notification _____ Amt _____
FIC _____