



Automatic Withdrawal Authorization Form
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I authorize SAIL - Sharing Active Independent Lives, a program of AgeBetter, Inc. to deduct monthly payments from my account, by Electronic Funds Transfer. This authorization shall continue in effect until revoked by me in writing.

(Name – Please Print)

(Address – Please Print)

(City)

(State)

(Zip Code)

(Signature)

(Name of Financial Institution)

Account No. _____

Financial Institution Routing Number _____
(First 9 numbers between brackets at the bottom of your check.)

Check one: Checking Account: ☐

Savings Account: ☐

If you have any questions, please call 608-230-4321

Please return this form to:

Sharing Active Independent Lives (SAIL)
6209 Mineral Point Rd., Ste. 210
Madison, WI 53705