



BUSINESS ENROLLMENT FORM

YOUR COMPANY NAME _____

CONTACT PERSON (HR or OWNER) _____

EMAIL _____ PHONE _____

BUSINESS ADDRESS _____

EIN # _____ FAX _____

ACH BANK TRANSFER INFORMATION (TRANSFERS WILL OCCUR ON OR AFTER THE 5TH OF THE MONTH)

CHECKING ACCOUNT - OR - SAVINGS ACCOUNT

BANK ACCOUNT NUMBER _____ BANK ROUTING NUMBER (9 DIGITS) _____

BANK NAME _____ CITY AND STATE _____

NAME ON ACCOUNT _____ START DATE OF DEBIT(S): _____

I HEREBY AUTHORIZE THE DOC SHOPPE TO ELECTRONICALLY DEBIT THE BANK ACCOUNT INDICATED ABOVE. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I HAVE PROVIDED SEVEN DAYS PRIOR NOTIFICATION OF CANCELLATION TO THE DOC SHOPPE IN WRITING (1704 FOREST DRIVE, CORBIN, KY), BY PHONE (606-620-9770) OR EMAIL (STAFF@THEDOCSHOPPE.SPRUCECARE.COM). THIS AUTHORIZATION SHALL EXTEND TO INCLUDE ANY REVISED PAYMENT AMOUNTS WHICH RESULT FROM ADDING MORE MEMBERS TO THE PLAN. I UNDERSTAND THAT THE COST OF MEMBERSHIP(S) MAY CHANGE AND I WILL BE NOTIFIED.

NAME(S) PLEASE PRINT _____

SIGNATURE _____ DATE _____

of **INDIVIDUAL** Employee Plans _____ x **1** = _____ units

of **COUPLE** Employee Plans _____ x **2** = _____ units

of **FAMILY** Employee Plans _____ x **3** = _____ units

Total # of units = _____

Monthly unit cost **x \$75**

Total Monthly fee = _____

Registration Fee **+ \$50**

Total First Monthly Installment = _____



PLEASE BE SURE THAT EACH EMPLOYEE ENROLLMENT FORM IS COMPLETED AND SIGNED. SUBMIT ALL EMPLOYEE ENROLLMENT FORMS AND THIS DOCUMENT TO THE DOC SHOPPE ALONG WITH A CHECK FOR THE FIRST MONTHLY INSTALLMENT (TOTAL MONTHLY FEE + \$50 REGISTRATION FEE). MEMBERSHIP SERVICES WILL START AFTER RECEIPT OF THESE MATERIALS AND PAYMENT.

Thank You for partnering with us!