



Direct Draft Card

If you wish to pay your monthly service by direct draft, please fill out the card at right and return with a voided check. **Remember, you will now be charged a \$2.00 fee for receiving a paper bill. Please avoid this additional charge by signing up for direct draft today!!** Your account will be drafted on or after the 5th of each month. A "test" draft will be activated for the first month to ensure accuracy, therefore, you will receive one more statement for that month to be paid by check or money order. Thereafter, all monthly payments will be direct drafted from the account specified by you.



Top Ten Tips on Keeping Seniors Safe In Summer Heat

From Living Independently Group

- **Drink plenty of liquids** -- eight or more 8-ounce glasses per day and or fruit juices -- every day to stay hydrated.
- **Avoid caffeinated and alcoholic beverages.**
- **Dress appropriately.** Wear loose-fitting clothes in natural fabrics like cotton and dress in light colors that will reflect the sun and heat instead of darker colors that will attract them.
- **When outdoors, protect your skin from damage by wearing hats, sunglasses and a sunscreen of 30 SPF or more.**
- **Stay indoors during extreme heat.**
- **If you do not have air conditioning in your apartment, go somewhere that does.** A movie theater, the mall, a friend or relative's home or a community senior center are all good options.
- **If you need to get out of the house and don't drive a car, call a taxi, a friend or a transportation service.** Do NOT wait outside for the bus in extreme heat.
- **If you are absolutely unable to leave the house and do not have air conditioning, take a cool bath or shower to lower your body temperature on extremely hot days.**
- **Temperatures inside the home should not exceed 85 degrees Fahrenheit for prolonged periods of time.**
- **Know the signs of heat stroke** (e.g flushed face, high body temperature, headache, nausea, rapid pulse, dizziness and confusion) and take immediate action if you feel them coming on.

-www.seniorark.com



Authorization Agreement for Pre-authorized Payments

Company Name: Acadian On Call

I (we) hereby authorize Acadian On Call to initiate debit entries to my (our) Checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

****First month is test month. You will receive a bill.**Please include voided check**

****For the initial debit month, all previous balances will be debited to bring account current.****

Depository Name: _____ Branch: _____

City Routing Number: _____ State: _____ Zip: _____

Account#: _____

This Authorization is to remain in full force and effect until Acadian On Call has received written notification from me (either of us) of its termination in such time and in such manner as to afford Acadian On Call and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID#: _____

Date: _____ Signed _____

Note: All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.