INTERPSTUDIES.COM

BANK TRANSFER AUTHORIZATION FORM

I authorize InterpStudies, LLC to electronically debit my bank account
$69.00 for home sleep study interpretations using SleepMed ARES.

CUSTOMER BANK ACCOUNT INFORMATION:

Account type: ___Checking ___Savings ___Consumer ___Business

Routing number
Account number
Name/Business on account

Name(s) of Ordering Doctors	DMD/DDS
Practice name	

Practice address

Street		
City	State	Zip
Phone number	Fax number	
Email Address		

Billing address

Street		
City	State	Zip

By signing this document, you authorize InterpStudies, LLC to electronically debit your bank account for completed physician interpretations of home sleep studies obtained through our company.

Account holder's signature_____

Date_____

Please email or fax to:

InterpStudies, LLC

5114 State Route 21 South

Canandaigua, NY 14424

interpstudies@gmail.com

(585)-394-6524

Please contact the Billing Department at 585-394-6524 with any concerns.