AMERA MEDICAL TRANSPORTATION INC

DBA AMERA SOLUTIONS - PAYMENT AUTHORIZATION FORM

CLIENT AUTHORIZATION FOR ACH OR CREDIT CARD PAYMENTS

This form authorizes Amera Medical Transportation Inc DBA Amera Solutions to initiate payments from the account or credit card listed below for invoice payments.

CLIENT INFORMATION

Business/Facility Name: BBI Management, LLC

Primary Contact Name: Curtis Taylor

Phone Number: (417) 830-8190

Email Address: curtis@bladderbowel.com

Billing Contact (if different): same

SELECT PAYMENT METHOD

[ ] ACH (Bank Draft)

[X] Credit Card

BANK ACCOUNT INFORMATION (IF PAYING VIA ACH)

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: [ ] Checking [ ] Savings

CREDIT CARD INFORMATION (IF PAYING VIA CARD)

Card Type: [X] Visa [ ] MasterCard [ ] AmEx [ ] Discover

AMERA MEDICAL TRANSPORTATION INC

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Cardholder Name: Curtis Taylor

Card Number: 4246 3153 6557 6550

Expiration Date (MM/YY): 04/28

CVV Code: 006

AUTHORIZATION

By signing below, I authorize Amera Medical Transportation Inc DBA Amera Solutions to debit the selected account for payments due on invoices. This authorization remains in effect until written cancellation is submitted with 10 business days' notice.

AUTHORIZED SIGNATURE

Printed Name: Jared Greer

Title: CEO

Signature: Jared Greer

Date: 8/9/2025

SECURITY NOTICE

All payment information is confidential and used solely for billing purposes by Amera Medical Transportation Inc DBA Amera Solutions.

SUBMIT COMPLETED FORM TO

Email: billing@myamera.com

Subject Line: Payment Authorization - [Client Name]