



Coffey Health System

801 N. Fourth St. • Burlington, KS 66839
(620) 364-2121 • Fax (620) 364-8425
www.coffeyhealth.org

Resident First Name _____ Resident Last Name _____

Address _____

City _____ State _____ Zip _____

Checking/Savings Information

Routing Number _____ Account Number _____

Name on Account _____

Bank Name _____

Account type (Check one) Checking _____ Savings _____

OR – Credit Card/Debit Card Information

Card Number _____

Name on card _____

Expiration Date _____

Auto withdraw payment will be the 10th of current month of service.

FOR OFFICE USE ONLY

Date of activation _____

Home unit (39.00) _____ Mobile unit (18.00) _____

Resident Account Number _____

Entered into payment system _____