



Authorization Agreement for Electronic Fund Transfers (ACH Debits and Credits)

Community Use Only:
Required

BU# _____

This Resident is:
(Please check one of the following)

___ AL, RC - RP#: _____

___ SNF - Resident#: _____

Resident Name: _____

Responsible Party Name: _____

Check One: ___ Establish an account for electronic fund transfers (ACH)
 ___ Change existing account for electronic fund transfers or monthly withdrawal date

Account Type: ___ Checking ___ Savings ___ Money Market

Begin ACH withdrawals/transfers on (check one*) the ___ 1st or ___ 5th in the month of _____

***Failure to select a withdrawal/transfer date will result in a default date of the fifth of each month.**

I hereby authorize Brookdale Senior Living Inc. (Brookdale) to initiate ACH debit (withdrawal) entries in payment of the monthly fees for the above resident from the checking, savings or money market accounts designated below. I further authorize Brookdale to initiate ACH credit (deposit) entries to the designated account for any overpayments, erroneous withdrawals or funds due from Brookdale. I understand that there is an approximately six (6)-week processing period before my first payment will be automatically debited from my account. Payments will be withdrawn on the designated date above for that month's rent, service fees and/or ancillary charges.

I agree to notify the Accounts Receivable Department of Brookdale in writing of (1) any changes to my bank account number or financial institution and (2) upon the closing of the account listed below. Written notifications should be mailed to Brookdale Senior Living Inc., Attn: Accounts Receivable, 6737 W. Washington Street, Suite 2300, Milwaukee, WI 53214. A new Authorization Agreement form must be completed immediately to ensure authorization for electronic fund transfers with the correct account. The authority under this Authorization Agreement shall remain in effect until Brookdale receives written notification from me of its termination, and in such a manner as to afford Brookdale and all financial institutions involved a reasonable opportunity to act on it. I understand Brookdale reserves the right to cancel this Authorization Agreement after receiving an insufficient fund notice for two consecutive months when attempting an automatic withdrawal. I further understand that Brookdale cannot provide an ACH refund to me if I do not provide a valid email address.

By signing below, I confirm and agree to the foregoing and further authorize Brookdale to withdraw via ACH debit the total billed balance due, including any additional charges that occurred over the previous month.

Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

Staple Voided Check Here

- > Checking deposit tickets are not valid.
- > Handwritten account information is not valid.
- > Letters from bank with the account and routing number are accepted.
- > Auto withdrawal will not be completed without proper documentation.

Please note: Failure to complete this form in its entirety may result in delay in completion or in rejection of request.

Please return this completed form to your Community Business Office. The address for your community can be found at Brookdale.com. Please select "Find Your Community".