

Authorization Agreement for Pre-Arranged Payments (ACH Debits)

I (We) hereby authorize New Haven Assisted Living, hereinafter called COMPANY, to initiate debit entries to my (our): ☐ **Checking** or ☐ **Savings** (select one) account indicated below and the Bank named below, hereinafter called DEPOSITORY to debit the same to such account.

****All boxes need to be filled in by POA of Resident, or Resident****

Location:	Date:
Resident Name:	Responsible Party:
Address:	City:
State/Zip:	Phone Number:

Bank (DEPOSITORY) Information

Name of Bank:	Name on Account:
Address:	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
City:	Account Number:
State/Zip:	Bank Routing Number:
Bank Phone Number:	Start Date:

****Must have a date selected (1st or 3rd day of the month)**

ACH Payments will be withdrawn either on the **1st** and the **3rd** of the Month. – Please choose one.

This authority is to remain in full force and effect until Company and DEPOSITORY has received written notification from me (or either of us) of its termination.

Signature of Authorization:	Date:
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****Voided check is to confirm bank information****

Please attach a voided check.