



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ACH Payments will be withdrawn either on the **1st** and the **3rd** of the Month.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: |
|-----------------------------|-------|

****Voided check is to confirm bank information****

Please attach a voided check.