



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

Community Use Only:

(*Required*)

(Please check one)

This Resident is:

Huntington Manor: _____

Villa Bernardo: _____

Parker Villa: _____

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**

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

Note: Failure to select a withdrawal/transfer date will result in a default date of the fifth of each month. I hereby authorize Zeal Senior Living, 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 **Zeal Senior Living** to initiate ACH credit (deposit) entries to the designated account for any overpayments, erroneous withdrawals or funds due from Zeal Senior Living. 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 Payments will be withdrawn on the designated date above for that month's rent, service fees and/or ancillary charges.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 **Zeal Senior Living** 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 emailed to nelia@zealseniorliving.com and/or mailed to Zeal Senior Living., Attn: Accounts Receivable, 5694 Mission Center Rd Ste 602-110, San Diego California 92108-4355. 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 Zeal Senior Living receives written notification from me of its termination, and in such a manner as to afford Zeal Senior Living and all financial institutions involved a reasonable opportunity to act on it. I understand Zeal Senior Living 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 Zeal Senior Living 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 Zeal Senior Living 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: _____

Print the form and Staple Voided Check with it.

- Checking deposit tickets are not valid.
- Letters from the 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.