



Authorization Agreement for Direct Payments (ACH Debits)

Enroll at <https://ssl.billtrust.com> or completely fill out form below and give to your community business office

Community Name: _____ OU: _____

Resident Name(s): _____ Sunrise Acct #: _____

Email Address (for payment confirmation): _____ @ _____

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

I/(we) hereby authorize Sunrise Senior Living, Inc. (Sunrise) to initiate debit entries for the Balance Due on my/(our) Monthly Statement to my/(our) account indicated above at the depository financial institution named above and to debit the same such account. I/(we) acknowledge that the origination of the ACH transactions must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Sunrise has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Sunrise and the Financial Institution/Depository a reasonable opportunity to act on the notification. **A \$35 fee will be charged for returned ACH payments.**

Activate effective _____ / 5th / _____

**** Monthly billing statements are rendered on or about the 10th of each month. Your payment will be processed on the date you specified above. If this date has already passed, you will need to remit payment for your current statement to avoid any late fees ****

Change accounts effective _____ / 5th / _____

Terminate effective _____ / 5th / _____

Resident / Account Owner Signature: _____ Date: _____ / _____ / _____

ATTACH VOIDED CHECK