



Authorization for Recurring Electronic Payments (ACH or Credit Card)
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 ACCOUNT INFORMATION

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

ATTACH VOIDED CHECK

CREDIT CARD INFORMATION

Card Number: _____



2.75% surcharge applies

Exp Date: _____ / _____ MM/YYYY

Cardholder Name: _____

Address Line: _____

City: _____ State: _____ Zip: _____

I/(we) hereby authorize Sunrise Senior Living, Inc. (Sunrise) to initiate payment for the Balance Due on my/(our) Monthly Statement to my/(our) account indicated above. I/(we) acknowledge that the origination of the 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 / Change effective _____ / _____ / _____

**** Monthly billing statements are rendered on or about the 5th 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 ****

Terminate effective _____ / _____ / _____

Resident / Account Holder Signature: _____ Date: _____ / _____ / _____