



**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): \_\_\_\_\_@\_\_\_\_\_

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**BANK ACCOUNT INFORMATION**

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_



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**CREDIT CARD INFORMATION**

Card Number: \_\_\_\_\_



2.75% surcharge applies

Exp Date: \_\_\_\_\_ / \_\_\_\_\_ MM/YYYY

Cardholder Name: \_\_\_\_\_

Address Line: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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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 10<sup>th</sup> of each month. Your payment will be processed on the 5th of each month. 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_