

DIRECT DEPOSIT ENROLLMENT FORM

Authorization Agreement For Direct Deposit of Expense Check

INSTRUCTIONS: Complete all sections, sign below and attach a voided check or a Bank Direct Deposit Authorization form to this enrollment form. **Processing for starting, changing, and stopping direct deposit can take up to two weeks.** Once direct deposit begins, you will receive a Remittance Statement and you can call your bank to verify that the funds are there. Direct deposit will remain in effect until you cancel it in writing.

_____ Your Name (Please Print)	_____ Facility Name
_____ Name of Bank	_____ Email address on where we need to send your remit to.
<input type="radio"/> Checking	
<input type="radio"/> Savings	_____ *Account Number
	_____ *Bank Routing Number

_____ This is my first time enrollment

_____ This is a change to a previous direct deposit enrollment

_____ I WISH TO CANCEL DIRECT DEPOSIT AT THIS TIME

AUTHORIZATION: I hereby authorize American Senior Communities to initiate credit entries and if necessary, debit entries and/or adjustments for any entries made in error to my account. I also understand that if I need to close the bank account that I have direct deposit with, I will fill out the form for the change or cancel of direct deposit, then I will wait 30 days for processing before I close my bank account.

My voided check is attached to this form. (Do NOT attach a deposit slip.)

Signature of Employee

Date Signed

*Please note that only banks, credit unions and savings & loan associations which are members of the Automated Clearing House (and most are) can be accepted.