

## ACH Recurring Payment Authorization

Home Again location

Resident name

Account-holder full name

Phone

Billing address

City, state and ZIP code

Email

Name on account

Bank name

Bank city and state

Account number

Bank routing number

Monthly payment day

First payment date

Account type

Written cancellation / account-change destination (Home Again completes)

Do not send completed bank information through ordinary email or a general website contact form.

### Authorization terms - read before signing

I authorize Home Again Assisted Living Inc. to initiate recurring monthly ACH debits from the account identified above for the monthly amount I owe for assisted living services. Debits will be scheduled for the payment dates identified above. A weekend or holiday payment will be processed on the next business day.

If a debit amount varies from the previous debit or the amount authorized, Home Again will provide written notice of the amount and date at least 10 days before the transfer.

This authorization continues until I cancel it. I agree to give Home Again written notice of cancellation or account changes at least 15 days before the next billing date, using the destination identified above. This company notice period does not limit my rights with my financial institution.

If a payment is returned for insufficient funds, I authorize Home Again to retry the debit within 30 days and charge \$25 for each attempt returned for insufficient funds, as a separate transaction, subject to applicable law and ACH rules.

Nothing in this authorization waives my legal rights, including rights to stop payments or dispute unauthorized or erroneous transfers through my financial institution. By signing, I authorize the debits described in this authorization. I will receive a copy of the signed authorization.

Account-holder signature

Date signed