



Electronic Bill Payment Authorization | Finance/Accounting

Resident's name _____

Community location _____

I authorize Edgewood Management Group to automatically withdraw funds from my bank account for my monthly charges. The funds will be withdrawn from the bank account on the 5th of each month. In the event there are insufficient funds in the account at the time of withdrawal, I understand a \$25.00 service charge for collection of payment will be assessed and late charges will begin accruing at the rate outlined in my admission agreement. I can contact my bank after the 5th of the month to confirm the funds were transferred from my account. This agreement will remain in effect until I cancel in writing.

I have attached below one of the following documents providing the necessary bank information needed for Edgewood to setup Electronic Bill Payment.

Voided check from checking account

Deposit slip from savings account

I acknowledge the start date of the agreement is _____

Resident or Responsible Party Signature

Date

Community Representative

Date

Community Comments _____

Attach Documentation Here