

The Lutheran Home & Harwood Place

ACH Authorization Form

To enroll in ACH, please read the Conditions of Participation below and provide the requested information in Sections A & B. Sign Section C.

Type of Transaction:

Please Print Clearly

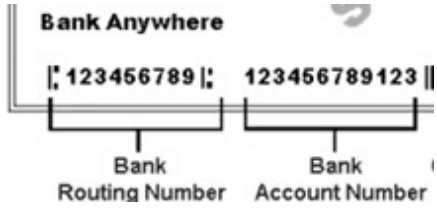
New Change Cancel

Effective/Begin Date:

Section A: Please Print

First Name	Middle Initial	Last Name	
Home Address	City	State	Zip
Home Phone	Work Phone		

Section B: Please send a voided check along with this form.

Name of Financial Institution	Branch		
City	State	Zip	
Bank Account Number (from check; see illustration, right)	<input type="radio"/> Checking		
Routing Number (from check; see illustration, right)	<input type="radio"/> Savings		

Please submit a voided check.

Section C: Depositor Certification

I certify that I have read and understand this form. In signing this form, I authorize my ACH withdrawal by my financial institution named above and deposited in The Lutheran Home account.

Please debit the above account each month to cover the total amount shown on my statement from The Lutheran Home representing R&B and services fees, etc. until I (we) direct otherwise in writing.

Signature _____ Date (mm/dd/yy) _____

Retain bottom portion for your records:

Conditions of Participation:

Residents have the option to have their payments withdrawn from their personal checking or savings account. It is an optional convenience called ACH. If you have any questions regarding your electronic transfers, call **Business Office** at 414.258.6171 ext 332 or 269

- If you decide to enroll in ACH, you must complete this authorization form.
- The agreement represented by this authorization will remain in effect until you cancel it. You must complete a new ACH Authorization Form as a 'Cancel' transaction to cancel.
- It is your responsibility to notify us immediately of any changes in

your financial institution (i.e. change of account number, closure of account, etc.)

- To notify us of the change, use this ACH Authorization form. Mark the 'Change' box in the Type of Transaction section above. We will process these changes immediately upon receipt of the form. Since changes of this type usually take 30 business days to complete, please plan accordingly.
- Fill out **completely** and mail to:
Attn: Business Office – ACH
7500 West North Avenue
Wauwatosa WI 53213
- Or fax to: 414.777.1723

- Your statement will contain a notice statement that states when funds will be drawn.
- Your electronic transfer is made directly from your account. If your financial institution cannot make this transfer within three business days of receipt, we will investigate, and will contact you. If the ACH problem cannot be resolved, you will be required to mail us a check before the end of the month to keep the account current.
- Your financial institution may also cancel this agreement. In such cases, we will follow the above procedure.