

Encore Senior Living, LLC
6400 SE Lake Road
Suite 400
Milwaukie, OR 97222
503-905-3300 Tel
503-905-3333 Fax



www.encoresl.com

CAREFREE BILL PAYING

Dear Resident or Responsible Party:

For your convenience, Encore Senior Living LLC offers an option of Direct Electronic Payment. This handy service facilitates automatic monthly transfers from a designated account to Encore. No more need to write a check or worry about payment deadlines again!

Simply fill out the enclosed "Authorization for Direct Payment" form, attach a voided check and return to the Community Representative who helped you at the time of admission. You may also fax the completed form to 1-503-905-3311, email it to thierry.rabaud@encoresl.com or mail it to the following address:

Encore Senior Living, LLC
Attn: ACH Department
6400 SE Lake Road, Suite 400
Milwaukie, OR 97222

Need some assistance? Feel free to contact Thierry Rabaud at (toll-free) 1-800-483-9423 Ext: 3305. He will be more than happy to answer any of your questions.

Carefree Bill Paying is one more convenience offered by Encore Senior Living. We hope it makes you feel even more welcome in the Encore Family!

Sincerely,

Peter Richardson
Vice President & Controller



AUTHORIZATION FOR DIRECT PAYMENT

Facility Name: _____

Resident ID: _____ Resident Name: _____

Financial Institution Name: _____
(Bank, Credit Union, or other)

- | | |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Bank | <input type="checkbox"/> Credit Union |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Savings Account |

The date of payment is the **1st** business day of the month of the rent.

Is this a new authorization: Yes No

Month and year to commence service *: [_M_] [_M_] [_Y_] [_Y_] [_Y_] [_Y_]

I (we) authorize Encore Senior Living, LLC to initiate debit entries to my (our) Checking or Savings account at the financial institution specified above, for the monthly services and care received from and invoiced by the Encore facility referred above. This authorization is to remain in full force and effect for the duration of the resident’s stay at the Encore facility referenced above, or until Encore Senior Living, LLC receives written notification from either of us of its termination. Notification should be received at least 10 days before scheduled direct payment date.

Signed: _____ Signed: _____
(must be signed by all owner(s) of account)

Name(s): _____

Address: _____

City/State/Zip: _____

Date: _____ Telephone: (days)
(evenings)

* If no month/year specified, deduction will start the next month of service

Please attach a copy of a VOIDED CHECK (not a deposit slip).