



Dear Resident/Responsible party,

Evergreen Village, Inc. offers residents the convenient option to allow payment of paying their monthly statement electronically through an ACH transaction drafted directly from a resident's bank account. This is not a requirement. Evergreen will be sending out the billing statement for the month by the third business day of the month. After reviewing the statement any questions should be brought to the attention of Cathy Hagene, in the Business Office.

If there are no questions on the billed amount, Evergreen will initiate an electronic funds transfer (EFT) for the balance due on the statement, on the 15th of the month. As an example, the billed amount shown on the statement dated May 31 would be withdrawn from the resident's bank account on June 15. In order to do this Evergreen will need bank routing information and the account number information for the account to be charged. The bottom half of this letter is an EFT authorization form.

Please complete the requested information and return along with a voided check to either Cathy Hagene or myself. If you have any questions, please feel free to call. Thank you for your cooperation.

Sincerely,

William J. Krueger
 Business Resources Manager
 Evergreen Retirement Community
 920.237.2111

Cathy Hagene
 Accounts Receivable Specialist
 Evergreen Retirement Community
 920.237.2113

Electronic Withdrawal Authorization Agreement – For Automatic Withdrawals (Debits)	
Company Name Evergreen Village, Inc.	Company ID Number 39-1505337
I hereby authorize <u>Evergreen Retirement Community, Inc.</u> , hereinafter called COMPANY, to initiate debit entries from the account indicated below and the depository named below.	
Depository Name (Financial Institution) Branch	Transit/ABA Number
City, State, ZIP	Account Number
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Name (Please Print)	Resident #
Signature	Date