



Direct Deposit Authorization
For automatic Deposits (Credits)

Company Name Evergreen Retirement Community, Inc.		Company ID Number 39-1081800
I hereby authorize <u>Evergreen Retirement Community, Inc.</u> , hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter, to credit and/or debit the same to such account.		
Depository Name (Financial Institution)	Branch	Routing Number
City, State, ZIP	Account Number	
Type of Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
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)		Social Security #
Signature		Date
Name (Please Print)		
Signature		Date

Please see back for example of how to complete this form.

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Depository Name (Financial Institution) (Your Bank Name)	Branch	Transit/ABA Number 0759xxxxx
City, State, ZIP (City Where Your Bank is Located)		Account Number Number of Digits Varies
Type of Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
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) John Doe (Your Name)		Social Security # Your Social Security Number
Signature		Date Month-Day-Year
Name (Please Print) Jane Doe (Joint Account Holder Name, i.e., Spouse, Significant Other, Parent)		
Signature		Date Month-Day-Year