



Direct Payment Plan for Independent and Assisted Living Residents

Benefits of the Direct Payment Plan:

- It saves time – fewer checks to write.
- Your payment is always on time – even if you're away.
- It's easy to sign up, easy to cancel.
- You still receive a monthly statement to review your charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payment will be made automatically **on the 10th** of each month. Proof of payment will appear on your next statement. The authority to charge your account will remain in effect until you notify us in writing to cancel the authorization.

Simply complete the form below and return it to the Panorama Accounting Department with a cancelled check.

1. Circle the type of account your payment will be deducted from - checking or savings account.
2. Fill in your name, date, financial institution, account and routing numbers.
3. Attach a void check or savings deposit slip for verification of financial institution information.
4. Return this form **by the 20th**, and Direct Payment will take effect the following month. The message "**Do Not Pay – Total amount due will be electronically withdrawn from your account**" printed on your monthly statement indicates Direct Payment is in effect.

NOTE: Be sure to sign the form!

Authorization & Enrollment Request Automatic Funds Transfer (AFT)

Name _____ Phone # _____ Date _____

I (we) authorize **Panorama** to automatically withdraw from my bank account identified below, the amount due for my monthly charges, which may include *base charge rents, restaurant charges, phone charges and other recurring or incidental charges* on my account. I authorize the financial institution named below to accept such transactions initiated by **Panorama** on the 10th of each month. My monthly statement will reflect the amount charged. *This authority will remain in effect until I have cancelled it in writing.*

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____ checking or savings **(circle one)**

Financial Institution Routing/Transit Number _____

Signature _____

Enclose a voided check or savings deposit slip

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS.
RETURN THE COMPLETED FORM TO ACCOUNTING WITH A **VOIDED CHECK.****