



**SCHEDULE B - PAYMENT AUTHORIZATION**

Resident Name \_\_\_\_\_

I authorize Golden Brook Residential Facility (“Golden Brook”), to process payment monthly for services rendered. I understand and accept the following conditions:

1. Golden Brook will charge my credit card or withdraw funds via E-Check for services rendered. Such charge will be automatically performed no earlier than five working days prior to the due date.
2. **There is a 4% surcharge on all credit card payments.** There is no charge for E-Check payments.
3. Charges will recur if services are rendered.
4. Payments not made within 3 days of financial institution rejection may incur a 5% penalty. An additional 5% penalty may occur for each seven (7) days late.
5. I am responsible for any fees incurred by Golden Brook because of my financial institution’s rejection of my credit card or bank account.

Payment Type:  Credit Card  E-Check

Receipt Delivery Method:  E-Mail only

Payer’s Name: \_\_\_\_\_

Payer’s Relationship to Tenant: \_\_\_\_\_

Payer’s Email: \_\_\_\_\_

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**Credit Card Information:**

Name EXACTLY as it appears on the card (PRINT): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Type of card: VISA MC AMEX Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address (Please Print):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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**E-Check Information:**

**(Attach Voided Check)**

Bank Name: \_\_\_\_\_ Type of Account: Checking Savings

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Signature of Account Holder:** \_\_\_\_\_ **Date** \_\_\_\_\_