



## Deposit Agreement

This Deposit Agreement ("Agreement") is entered into on [Date] \_\_\_\_\_, between [Depositor's Name] \_\_\_\_\_ ("Depositor") and Golden Brook Residential Care Home ("Golden Brook"). Depositor and Golden Brook shall collectively be referred to as the "Parties."

### **Room Reservation:**

1.1 Depositor agrees to place a deposit with Golden Brook to secure the reservation of a room within the care home for the individual named [Resident's Name] \_\_\_\_\_ ("Resident").

1.2 The deposit will be applied towards the first month's rent upon the commencement of the Resident's stay at Golden Brook. The agreed-upon move-in date is \_\_\_\_\_.

### **Amount and Payment:**

2.1 The deposit amount is \$ \_\_\_\_\_, payable by Depositor to Golden Brook.

2.2 The Depositor shall make the deposit payment in full when signing this Agreement.

2.3 Payment will be made in a form as outlined in the Deposit Payment Authorization Form attached.

2.4 The room is not considered secured until the Agreement and payment is received by Golden Brook. There are no verbal agreements.

### **Forfeiture of Deposit:**

3.1 The Depositor understands and agrees that rooms in Golden Brook are in high demand and that Golden Brook is taking off the market and reserving a room for the Resident. The Deposit is 100% non-refundable if the Resident fails to move in on the agreed-upon date, regardless of the reason.

### **Conditions of Room Reservation:**

4.1 This deposit secures the reservation of a room for the Resident at Golden Brook, subject to the completion of all necessary admission procedures and the signing of the Residential Care Agreement.

4.2 Golden Brook reserves the right to allocate an alternative room of equal or greater value if the initially reserved room becomes unavailable.

### **Entire Agreement:**

5.1 This Agreement constitutes the entire understanding between the Parties and supersedes any prior discussions or agreements, whether written or oral. This Agreement shall be governed by and construed in accordance with the laws of Nevada.

IN WITNESS WHEREOF, the Parties hereto have executed this Deposit Agreement as of the date first above written.

\_\_\_\_\_  
[Depositor's Full Name - Signature]



\_\_\_\_\_  
[Golden Brook - Signature]

Robert Swadkins, Owner

\_\_\_\_\_  
[Depositor's Full Name - Print]

\_\_\_\_\_  
[Golden Brook - Print]

**GOLDEN BROOK DEPOSIT PAYMENT AUTHORIZATION**

Resident's Name: \_\_\_\_\_

I authorize Golden Brook Residential Facility ("Golden Brook"), to process payment for a deposit. I understand and accept the following conditions:

1. Golden Brook will charge my credit card or withdraw funds via E-Check for services rendered.
2. There is a 4% surcharge on all credit/debit card charges. There is no charge for E-Check payments.
3. 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:  USPS Mail  E-Mail

Payer's Name: \_\_\_\_\_

Payer's Relationship to Client: \_\_\_\_\_

Payer's Email: \_\_\_\_\_

\*\*\*\*\*

**Credit Card Information:**

Name EXACTLY as it appears on the card: \_\_\_\_\_

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

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

Credit Card Billing Address (Please Print Clearly):

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

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

\*\*\*\*\*

**E-Check Information:**

**(Attach Voided Check)**

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

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

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