



Electronic Fund Transfer Authorization

New Horizons at Marlborough, LLC is hereby authorized to electronically debit the account referenced below for the payment of the Monthly Service Fee and all other charges due pursuant to the undersigned Resident's Residence Agreement, as shown on the monthly statement received by the Resident on or about the 20th day of the previous month. Funds will be deducted on the first business day of each month.

- * Please continue to make your payments until your statement reflects notification of electronic payment.
- * This program is not available to some credit unions. Your bank must be a member of the Federal Reserve System. We are not able to debit Money Market or Business Accounts.
- * Automatic transfers will not take place if your bank account has insufficient funds as of the transfer date. The processing fee for returned items is \$35.00. If a transfer fails because of insufficient funds, you must make payment for that month with a personal check.
- * This authorization will remain in effect unless and until New Horizons receives a written notice of cancellation from Resident (with reasonable time for the cancellation to take effect), or upon New Horizons' advance notice of termination.

☐ New EFT

☐ Change existing EFT

☐ Transferring

Resident(s) Name: _____
(please print)

Account Name: _____
(if different)

Bank Name: _____

Account Type:

☐ Checking

or

☐ Savings

☐ Business

or

☐ Personal

Transferring from suite: _____ MH# _____

Authorized Signature: _____ / /
Date

**Please attach a voided blank check to this form and return it to:
New Horizons at Marlborough • 400 Hemenway Street • Marlborough, MA 01752
ATTN: Finance Administrator**

For Accounting Department Use Only

Lease # _____

Prenote Date _____

Bank Routing # _____

Account # _____

Approved _____