

# HOMeward BOUND SERVICES, INC.®

P.O. Box 1022 • 699 Burmont Road • Drexel Hill, PA 19026 • 888-448-4487 • Fax 888-449-4483

## *The Assisted Living Service Agreement*

### **BANK DRAFTING AGREEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, hereby give permission to Homeward Bound Services, Inc. to access the below account via Automatic Clearing House System for the bank drafting. I understand that the access will be granted for a monthly debit in the amount of \$ \_\_\_\_\_.

This agreement has no expiration date but may be terminated by either party at any time.

**PLEASE PRINT**

Name of Account Holder: \_\_\_\_\_

Bank Number: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Drafts (Circle one): 1st 15th 28th

Sales Rep: \_\_\_\_\_ ID# \_\_\_\_\_

Mr. & Mrs. Valued Customer  
123 Myown Street  
Anytown, USA 12345

1002

Date: \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Memo: \_\_\_\_\_

:000000000: 10000087654321 1002

9009-0112

Customer's Authorized Signature: **X**

White Copy: Office

Yellow Copy: Client