

# INTRODUCING AUTOMATIC PAYMENT SERVICE



The Management Services Group of Health Care REIT is pleased to introduce the convenience of **Automatic Payment Service** to our valued tenants.

With this service you can eliminate all of the hassles associated with making your rent payment.

You'll never need to worry about making your payment on time when you sign-up for *Automatic Payment Service*. Now you can have your monthly outstanding balance automatically deducted from your bank account.

By signing up for *Automatic Payment Service* you take advantage of the following benefits:

- Avoid late fees
- No more writing checks
- Enjoy no postage and handling costs
- Time saving payments automatically withdrawn from your bank account

You can make changes or cancel *Automatic Payment Service* at any time by notifying us in writing.

The *Automatic Payment Service* will begin approximately one month after you complete and return the attached form. Once received, you will be sent a confirmation letter. We assure you all of your account information will be kept confidential.

Want to get started? Here's how:



*Simply fill out and sign the attached form...*



*Mail, fax or e-mail the form with a deposit slip or voided check to:*

*The Management Services of Health Care REIT  
661 University Blvd., Suite 100  
Jupiter, FL 33458  
561.626.8111 fax  
AutomaticRent@hcreit.com*



*We'll take care of the rest!*

*Please contact your Property Manager if you have any questions.*





**AUTOMATIC RENT PAYMENT SERVICE Authorization Form**

I hereby authorize HEALTH CARE REIT, Inc to deduct from my bank account my monthly rental payments due to Windrose Tucson Properties LLC

**I authorize**

\_\_\_\_\_  
Name of Banking Institution  
to charge my account the amount of my Regular Rent Payment

Account Number from which funds transferred (Exactly as shown on Financial Institution Records):

Checking Account Number: \_\_\_\_\_ Money Market Account Number: \_\_\_\_\_

Transit / ABA Number: \_\_\_\_\_

Name on your account (Please print): \_\_\_\_\_

Tenant name and suite number as shown on your monthly statement:

Name: \_\_\_\_\_ Lease# \_\_\_\_\_ Suite #: \_\_\_\_\_  
(Please attached a separate sheet listing multiple units)

Your Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Daytime Phone Number: \_\_\_\_\_

Signature(s) (Exactly as shown on Financial Institution Records): \_\_\_\_\_ Date: \_\_\_\_\_

If two signatures required.  
Both persons must sign this form: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT NOTE: To ensure proper bank coding of your payment, please ATTACH A CHECK that you have marked "VOID" showing your complete account number.

You may email this completed and signed form to [AutomaticRent@hcreit.com](mailto:AutomaticRent@hcreit.com) or fax to (561)-626-8111.

If you have any questions please contact your Property Manager.

Your Automatic Rent Payment Service will begin approximately one month after this form has been received.