



## Deposit Agreement (6/2024)

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 pay a deposit to Golden Brook to secure 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 at Golden Brook. The rent start date is the date of this deposit. The estimated move-in date is \_\_\_\_\_.

1.3 This Deposit will hold the room for 30 days. If the Resident does not move in as anticipated and the 30-day deposit period lapses, the Depositor may renew the Deposit Agreement by making another deposit.

### **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 may be made in a form as outlined in the Deposit Payment Authorization Form attached.

2.4 The room is not considered secure until the 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 reserving a room for the Resident. The Deposit is 100% non-refundable, regardless of the reason, even if the Resident does not move in.

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

4.1 This deposit secures the reservation of a room for the Resident at Golden Brook. Prior to Admission all necessary admission procedures and the signing of the Residential Care Agreement must be completed.

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:  Charge my Credit Card  Pay by E-Check

Receipt Delivery Method:  Sent via USPS Mail  Send via E-Mail

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

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

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

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**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: (\_\_\_\_) \_\_\_\_\_

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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:** \_\_\_\_\_