

**AUTHORIZATION FOR AUTOMATIC PAYMENT
WITHDRAWAL (ACH) FOR MONTHLY RENT PAYMENTS**



Monthly Rental Payments will be withdrawn from your bank checking or savings account automatically on the scheduled payment date, within thirty (30) days following receipt of this authorization form. **ANY CHANGES TO THIS WITHDRAWAL SCHEDULE MUST BE REQUESTED AT LEAST TEN (10) WORKING DAYS PRIOR TO THE SCHEDULED WITHDRAWAL DATE AND MUST BE MADE IN WRITING.** If there are not sufficient funds in your account to complete the withdrawal, there will be a \$25 fee assessed to cover our bank charges.

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP WITH THIS APPLICATION.

TENANT NAME: _____
APARTMENT # _____
ADDRESS _____
CITY/STATE _____ ZIPCODE _____
HOME PHONE # _____ WORK PHONE _____
CELL# _____
BANK OR FINANCIAL INSTITUTION _____
ADDRESS: _____ PHONE: _____
BRANCH: _____ CONTACT: _____
BANK ROUTING # (BOTTOM LEFT HAND CORNER) _____

() CHECKING () SAVINGS ACCOUNT # _____
WITHDRAWAL AMOUNT \$ _____

SCHEDULED DAY OF MONTH FOR WITHDRAWAL _____
SIGNATURE _____
DATE: _____

OFFICE USE ONLY

DATE RECEIVED _____
DATE ENTERED _____
LETTER SENT _____