

Affinity Property Management
1221 Park Place NE - Suite C
Cedar Rapids, IA 52402
Phone 319-393-0814 Fax: 319-393-0814

AUTHORIZATION FOR DIRECT DEBIT
(ACH Debits)

I (We) hereby authorize **Affinity Property Management** to initiate Debit entries from my (our) account(s) indicated below on or about the 1st of each month and the depository financial institution named below, herein after called **DEPOSITORY**, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with provisions of U.S. law.

Depository Name: _____
(Name of Bank)

Branch: _____ City: _____ State: _____ Zip: _____
(Optional)

Routing/Transit # _____ (9 Digits)

Account Number: _____ Checking ____ Savings ____
(Check one)

Start Date: _____

This authority is to remain in full force and effect until **AFFINITY PROPERTY MANAGEMENT** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **AFFINITY PROPERTY MANAGEMENT** and Depository a reasonable opportunity to act on it.

Name(s): _____
Signature: _____ Date: _____
Address: _____ PH: _____

•• ATTACH VOIDED CHECK HERE