DIRECT DEPOSIT BILLING AUTHORIZATION

_____
_____
_____

Please complete the following and either return via mail or fax the completed form to: _____

ACH/DIRECT DEPOSIT PAYMENT AUTHORIZATION FORM

BILLING INFORMATION

Name as it Appears on Bank Account_____

Bank_____

Routing #_____

Account #_____

ACH/DIRECT DEPOSIT AUTHORIZATION

Select one ☐Weekly ☐Bi-Weekly ☐Monthly ☐Custom:_____

I certify that I am an authorized owner of the above referenced account and therefore authorize _____ *or their authorized transaction agent(s) to charge my bank account indicated above for the rent payment $*_____ *on the schedule indicated above, starting on* _____.

Signature_____ Date_____

Print Name/Title _____

Important Notice: ***In order to cancel this recurring ACH/direct debit transaction, a notice of at least ten (10) business days prior to the next payment period is required.***