

**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 1<sup>st</sup> 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: \_\_\_\_\_  
Email Address: \_\_\_\_\_

•• ATTACH VOIDED CHECK HERE