

AUTHORIZATION FOR DIRECT PAYMENTS (ACH PAYMENTS)



I _____ authorize _____ to initiate debit/credit entries to the account indicated below for \$_____ on the _____ day of each _____ for payment of _____, starting _____.
(Tenant) (Landlord)
(month, week, etc.)
(rent, etc.)

Billing Address: _____ Phone: _____

City/State/Zip: _____ Email: _____

Checking/Savings Account

Checking Savings (please check one)

Name(s) on Account: _____

Account Number: _____

Routing Number: _____

Bank Name: _____

Bank City/State: _____



This authorization will remain in effect until I cancel the authorization in writing. I agree to notify Landlord of any changes in my account information. If the payment dates above occur on a weekend or holiday, transaction of payments may be on the next business day. If ACH Transaction is rejected for Non-Sufficient Funds (NSF), Landlord may attempt to process the payment again within 30 days. I acknowledge that the origination of ACH transactions to the above listed account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____