



DIRECT DEBIT AUTHORIZATION FORM:

Name: _____

Apartment Complex, Building & Number: _____

Total Amount Withdrawn (including amenities): \$ _____

Bank ID (Routing #): _____

Bank Name: _____ Account Number: _____

Account Type (please circle one): Checking or Savings Voided Check Attached (please check)
****A voided check must be attached for checking accounts**

Request Start **Month** : _____
(note all deposits are withdrawn on the 3rd of each month or the next business day if the 3rd is on a weekend or holiday.)

I (we) hereby authorize _____ (“Apartment Complex”) and the Bank to debit my (our) indicated account per the Instructions. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply NACHA regulations, OFAC and U.S. Law.

I (we) understand that if the debit is returned for any reason (such as non-sufficient funds) a charge of \$35 will be assessed.

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to **DEPOSITORY** at such time as to afford **DEPOSITORY** a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by **DEPOSITORY**, provided I (we) send written notice of such debit entry in error of **DEPOSITORY** within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____