

Authorization for Direct Debit
(ACH Debits)

_____ (hereinafter called TENANT) hereby authorizes _____ (hereinafter called LANDLORD) to initiate Debit entries to TENANT's account indicated below on or about the 3rd day of each month and the depository financial institution named below, herein after called DEPOSITORY, and to credit the same to such account. TENANT acknowledges that the origination of ACH transactions to TENANT's account must comply with provisions of U.S. law.

LANDLORD agrees to only initiate Debit entries for such amounts due as monthly rent, NSF charges and late rent fees under a written lease agreement between LANDLORD and TENANT. Monthly rent shall be defined as the Base Rent, and any applicable Garage Rent, Storage Rent, Sign Rent, and/or Additional Rent due under said lease.

If insufficient funds exist in the above account to complete the ACH transaction, or if the above account has been closed or is non-existent, then the failed transaction will be treated as a NSF payment under written lease agreement between LANDLORD and TENANT. After two (2) such failed ACH transactions LANDLORD shall immediately terminate all future Debit entries to TENANT's account.

DEPOSITORY Name (Name of Bank): _____

City: _____ State: _____ Zip: _____

Routing/Transit # (9 Digits): _____ Account Number: _____

Type of Account (Check One): Checking Savings

This authority is to remain in full force and effect until LANDLORD has received written notification from TENANT of their termination in such time and in such manner as to afford LANDLORD and DEPOSITORY a reasonable opportunity to act: at least two (2) weeks prior to the next scheduled ACH transaction. Otherwise, this authority will terminate at such time as the written lease agreement between LANDLORD and TENANT expires, and TENANT is no longer required to make monthly rent payments. Additionally, LANDLORD reserves the right to terminate all future Debit entries to TENANT's account for, any reason whatsoever, with thirty (30) days written notice to TENANT.

TENANT NAME: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

ATTACH VOIDED CHECK HERE

	2400	
	19 _____	91-548/1221
PAY TO THE ORDER OF _____	\$	
		DOLLARS
FOR _____		
⑆ 12	⑆ 6721	⑆ 2400⑆

Routing Number

Account Number

Check Number