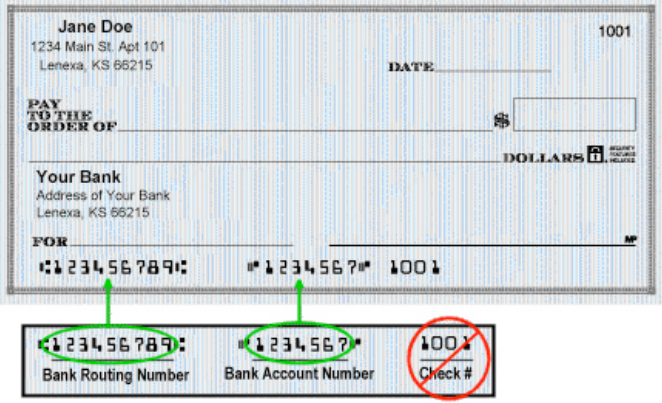


Your Business Logo Here



ACH Debit Authorization For Automatic Payments

CUSTOMER INFORMATION		
Name		
Address		
City	State	Zip
Home Phone ()	Work Phone ()	Email
PAYMENT INFORMATION		
Description		Monthly Payment \$
ACH DEBIT AUTHORIZATION		
Bank Name		
ABA Bank Routing Number (9 Digit)		
Bank Account Number		
Check Number (optional)		
<p>I authorize YOUR BUSINESS to initiate debits for monthly fees due against the above referenced account. This authorization is for payments I am obligated to make under my Agreement with YOUR BUSINESS. The withdrawal will be made on the payment due date or the following business day. I may withdraw this authorization by giving written notice to YOUR BUSINESS or my financial institution in such time and manner as to afford a reasonable time to act upon the request. Similarly, YOUR BUSINESS may terminate this agreement with me by written notice.</p>		
Tenant Signature _____	Date _____	