

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEBITS

I hereby authorize _____, hereafter called COMPANY, to initiate debit entries in the amount of \$ _____ and to initiate, if necessary, credit entries and adjustments for any debt entries in error to my (select one): Checking Savings account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to my account. The debits are to occur monthly on the 5th or 20th.

* Depository Name _____

Branch _____ Bank Phone No. (_____) _____

City _____ State _____ Zip _____

** Transit / ABA No. _____ Acct. No. _____
(9 digit number)

Please be advised that if there are any changes to the above bank information, then it is the tenant's responsibility to notify company, in writing, of said changes immediately.

This authority is to remain in full force and effect until the debt is paid in full or until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

COMPANY's Account Number: _____

Date: _____ **Signed X** _____

For COMPANY's purposes only:			
Bank Account Number: _____			
Entered: _____	_____	_____	_____
Expediting	Date	Accounting	Date

PLEASE ATTACH A VOIDED CHECK BELOW FOR THE DEPOSITORY ACCOUNT TO BE USED.

* "Depository Name" is your bank's name.

** "Transit / ABA No." is the first nine digits on the bottom left-hand corner of your check.

PLEASE BE ADVISED THAT THE PURPOSE OF THIS LETTER IS TO COLLECT A DEBT AND ANY INFORMATION OBTAINED FROM YOU WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR.

Please sign and return one copy, and retain the second copy for your records

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