ACH (Automated Clearing House)
Payment Authorization Agreement

I, hereby authorize **GH-I, GH-II, Peter T. Gerrard, Main St. Properties, University Falls**– (LANDLORD), to initiate a recurring electronic debit from the bank account specified below. This authorization shall remain in effect for the full term of the current Rental Agreement. In the event that changes arise in the payment amount, the frequency of the payment, or the bank account number, **I agree to provide Landlord with a new Payment Authorization Agreement at least 10 days prior to the implementation of such change.**

I understand that if a pre-authorized electronic debit is returned to Landlord for insufficient or held funds, it will be electronically re-presented and my account will be debited for the amount of the recurring payment, a $50 late fee, plus a bank NSF fee of $25.00. One payment is required for payment each month for rent not per tenant.

I represent and warrant that I am authorized to execute this Payment Authorization Agreement. I indemnify and hold **GH-I, GH-II, Peter T. Gerrard, Main St. Properties, University Falls** the check processor and the bank (s) harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Payment Frequency: MONTHLY

Recurring Payment Amount _____ – 1 payment per apt. _____

Date of First Debit: _____

Date of Last Debit: _____

Bank Name: _____

Street Address: _____

City:_____ State: _____ Zip:_____

Bank Phone Number: _____

Routing Number: (9 digits before acct. #) _____

Account Number: _____

Bank Account Type: Checking ( ) OR Savings ( )

_____

Signature of Primary Tenant Bank Account Holder **Date**

_____

Signature of Bank Account Holder (if different from tenant) **Date**

CHECKING ACCOUNT: A VOIDED CHECK must be attached in order to process any payments.

SAVINGS ACCOUNT: DEPOSIT SLIP from your bank with the correct routing # and acct. # on it

Tenant Name: _____

Rental Address: _____

Tenant Phone Number: _____

E-Mail Address: _____