

AUTHORIZATION FORM

Company Name: _____

FOR OFFICE USE ONLY	Client/Tenant Account #:	Total Monthly Payment Amount:	
	Date of 1 st Payment:	Amount of First Payment:	
	Frequency of Payment:	<input type="checkbox"/> Monthly on the _____ (specify day of month)	
Last Name		First Name	
Address			
City		State	Zip
Email			Phone #
CHECKING / SAVINGS	Please debit payments from my (check one):		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Account Number: _____
I authorize the above company to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature: _____			Date: _____

If using a checking account, please attach a voided check at the bottom of this page.