

ACH Authorization Form
CREDIT/DEBIT AUTHORIZATION FORM

Tenant Name

Address:

I (We) hereby authorize GEORGE JABALI any assigns (THE COMPANY) to initiate withdrawals from my (our) checking accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if they deem necessary in their sole discretion, initiate adjustments for any transactions credited/debited in error.

If you present a payment to THE COMPANY by check, you authorize us to use the information on the check for the same purpose stated herein, and it shall have the same effect as providing us the information requested from you below. If there are insufficient funds at the time of the initial withdrawal, THE COMPANY will automatically initiate a second attempt three business days after our first attempt. You will be charged \$35.00 for each NSF.

You further authorize us to keep and use this authorization for future use when you wish to make a payment to us by telephone, fax, or any other verbal or electronic methods, or for our use in collecting late charges or fees due to us by you without further notice to you.

This authority will remain in effect until THE COMPANY is notified by me (us) in writing via certified mail, to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

You hereby agree to indemnify, defend and hold the COMPANY and George Jabali harmless from any demand, claim, action, liability and/or cost arising from the actions or omissions of the THE FINANCIAL INSTITUTION or the COMPANY bank.

(Recurrence....please check if applicable) \$5.00 Convenience Fee charged for each withdrawal.

I authorize the COMPANY to automatically debit my payment from my bank each month on the _____ 1st _____ day of each month until cancelled by me in writing as stated above.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

x _____ x _____
(Account Holder Signature) (Date) (Account Holder Signature) (Date)

(Name on Checking Account - PLEASE PRINT)

(Address on Checking Account- PLEASE PRINT)

Financial Institution Routing Number: _____

Checking Account Number: _____

These numbers are located on the bottom of your check as follows:

(Example)

⑆ 123456789 ⑆ 1234567890123 ⑆
Routing Number Account Number

Office Use Only:		
Pmt Amt: _____	Check No _____	Date: _____/_____/20_____
Pmt Amt: _____	Check No _____	Date: _____/_____/20_____
Pmt Amt: _____	Check No _____	Date: _____/_____/20_____
Pmt Amt: _____	Check No _____	Date: _____/_____/20_____