



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Name (Resident) \_\_\_\_\_

Address \_\_\_\_\_

I (we) hereby authorize **Vencel Property Management, LLC**, hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account / Savings Account** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

If payment is returned due to non-sufficient funds, a return charge fee of \$25.00 may be charged each time the debit transaction is presented for payment.

Amount of Debit \$ \_\_\_\_\_ / Month

Date of Debit \_\_\_\_\_ of the Month, through \_\_\_\_\_

Depository Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

CHECKING                       SAVINGS

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either or us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.