

# ACH AUTHORIZATION FORM

## ***AUTOMATIC RENT PAYMENT (ACH) ENROLLMENT/AUTHORIZATION FORM***

YES, I (we) hereby authorize Seminole Estates to initiate debit entries to my (our) (select one)  checking account /  savings account for my (our) monthly payment for rent as stated below, plus all other related charges which include, but is not limited to utilities, late/NSF fees, pet fines and RV storage fees, due from the bank account associated with the attached "VOID" check beginning on the  5<sup>th</sup> of (month) \_\_\_\_\_.

» In order for Automatic Rent Payments to begin on the 5<sup>th</sup> of any month, Seminole Estates must receive your response by the 15<sup>th</sup> of the prior month. If your response is received after the 15<sup>th</sup>, we will begin Automatic Rent Payments one month later.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Monthly Debit Amount (not including other related charges): \$ \_\_\_\_\_

ACH/Routing Number (please verify with your bank for proper #) \_\_\_\_\_

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

I understand it is my responsibility to notify Seminole Estates in writing if this bank account is closed for any reason or if I wish to discontinue this service at any time. Until written notification has been provided, this authorization will remain in full force and effect.

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Name of Community

\_\_\_\_\_  
Space #

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

» This form cannot be processed without a signature above and a "VOID" check attached below.

» To cancel the monthly debit of your account, you must notify Commonwealth Real Estate Services in writing 30 days prior to the 1st of the month for your cancellation to be in effect for the upcoming month. Cancellation notifications received without 30 days notice, will be processed for the subsequent month.

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**\*\*\*PLEASE ATTACH A VOIDED CHECK HERE\*\*\***