



___ New
___ Notes: ACH
___ Change Only

Authorization Agreement For Pre-authorized Payments
(For Residents 6/08)

Resident Name: _____ Phone: _____

Date to begin transfer _____ Address of Property Rented: _____

I (we) hereby authorize **HomePointe**, hereinafter called COMPANY to initiate debit entries to my (our)
()Checking ()Savings account (select one) indicated below and the depository named below,
hereinafter called DEPOSITORY to debit the same to such account.

The debit amount will be transferred on the 1st of the month or the next business day if the 1st falls on a weekend or holiday. Unless otherwise instructed, the debit amount shall be equal to a full months rent at my current rate. Prorated rents must be paid via check. If funds are not available on the 1st of any month, resident must pay rent by cashiers check or money order as the account will not be accessed again. This agreement may be cancelled if funds are not available on the 1st more than once in a twelve month period or if a balance due exists on the residents account. NSF fees and late charges will apply to all returned items and I agree to pay them promptly.

Depository (Bank)

Name: _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Transit/ABA No. _____ **Account No.** _____

*******Attach a blank check to this authorization (VOID may be written on the check).*******

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination at least 30 days prior to the next transaction date. I understand my account must be current to begin and remain in this program.

PLEASE PRINT

Name(s) on Account _____

Date _____ Signed X _____

Date _____ Signed X _____

Approved by: _____

Property Manager

Accounting 16.3.2