# ACH DEBIT AUTHORIZATION FORM - 100% FREE

## Resident information

| | |
|---|---|
| **FIRST NAME** | **LAST NAME** |
| **ADDRESS & APT. #** | **CITY, STATE/ZIP** |
| **PHONE** | **EMAIL** |

## Bank Account Information

**ACCOUNT TYPE:**

☐ **CHECKING ACCOUNT**

☐ **SAVINGS ACCOUNT**

**FINANCIAL INSTITUTION NAME**

**NAME:** _____.

**AMOUNT:** $ _____.

**START DATE:** _____.

**BANK ROUTING ABA NUMBER**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

**BANK ACCOUNT NUMBER**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |

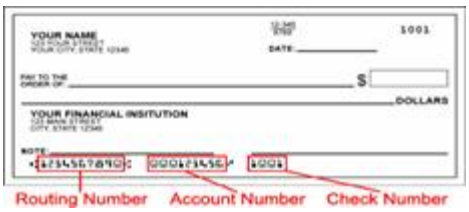
## Trike Property Management Contact Information

TRIKE PROPERTY MANAGEMENT

Quality, Clean, Comfortable & Affordable Apartments Of All Sizes All Over Town

P.O. Box 11159
Milwaukee, WI 53211
Phone: 414-332-5500
Fax: 414-332-5511
maskotzky@trikepm.com
www.trikepm.com

## Attach a Voided Check




**Attach a voided check and return it with this form.**

**THERE IS NO CHARGE FOR THIS SERVICE**

## RESIDENT AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS /APS DEBITS

I (we) hereby authorize *Trike Property Management LLC* to initiate debit entries in my (our) checking account indicated above at the depository financial institution named above, hereinafter called BANK, and to debit the same to such account. This form is to serve as written authorization to *Trike Property Management LLC*. to honor such electronic transfers without liability on your part for any late charges or penalties that may be assessed by the payee. *Trike Property Management LLC*. has been instructed to process the electronic transfers in the format recommended and established banking practice. This authorization is subject to the provisions of the Electronic Funds Transfer Act, Federal Reserve Board Regulation E and the rules and regulations of any commercial check clearinghouse with which *Trike Property Management LLC*. may have a contractual relationship. This authorization is to remain in full force and effect until *Trike Property Management LLC*. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford *Trike Property Management LLC*. AND BANK a reasonable opportunity to act on it. We deem this to be seven (7) days. Any changes to account or routing numbers must be in writing. You may cancel this agreement by faxing (414-332-5511) or mailing a written request to our leasing office however this authorization may not be cancelled in or for your last month of rent. Notice must be received at least 7 days prior to the next scheduled transaction date in order to stop prescheduled and preauthorized ACH transactions. No other form of notice will be considered acceptable. Tenant agrees and understands it is their responsibility to cancel payment. Trike Property Management reserves the right to cancel this agreement at any time. If there are insufficient or unavailable funds in deposit account to cover amount of scheduled loan payment, an NSF fee equal to $35.00, will be charged to the deposit account. This authorization is for the recurring monthly debit of the (1) rental amount as indicated above and (2) any annual MTM increases that may apply at a future date (3) any miscellaneous tenant tenant charges of $100.00 or less that were determined to be caused by the tenant such as a clogged sink, toilet or garbage disposal repair or for fines /penalty due to leaving garbage in the hallway or etc. and (4) any damages to be deducted over and above the amount of security deposit held. This authorization is to remain in full force and effective until we have received written notification from you of its termination in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it.

| | |
|---|---|
| **SIGNATURE:** | **DATE:** |