



RECURRING EFT AUTHORIZATION FORM

Name of Complex _____

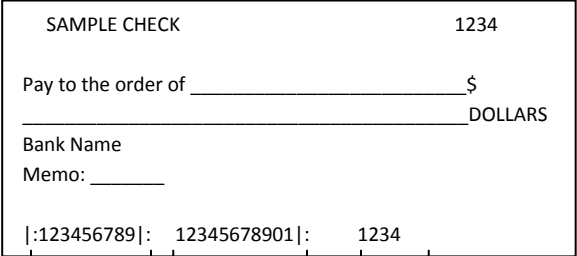
Address/Unit # _____

Name on Checking Account _____

Email address _____

Reason for submitting this form:

- I want to set up a new EFT account
- I need to change my current EFT account
- Cancel my EFT account



Current Amount of Rent \$ _____.

Routing # Account # Check #

Date to start/switch/end EFT _____

Account Information:

Routing #																			
Account #																			

****IF YOU ARE UNSURE OF YOUR ROUTING OR ACCOUNT NUMBERS, ATTACH A VOIDED CHECK****

I authorize Access Real Estate Services to initiate scheduled deductions from the bank account identified above for payment of monthly Rent. I authorize the financial institution identified by the routing number above to accept and post entries to the account. I represent that I am the owner and/or authorized signer of the account.

I understand that this authorization allows Access Real Estate Services to adjust the scheduled deduction to reflect any change in the amount of my monthly Rent. Access Real Estate Services agrees that it shall notify me in writing at least ten days prior to making any deduction if there is a change in the monthly amount owed for Rent. Although payment will typically be withdrawn on the EFT withdrawal schedule date, please allow several days for processing of the withdrawals from your account.

I understand that Access Real Estate Services will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. This authorization is to remain in full force until Access Real Estate Services receives a written request from me to cancel my electronic payment withdrawal.

Signature

Date