

Authorization for Direct Debit
(ACH Debits)

_____ (hereinafter called TENANT) hereby authorizes
_____ (hereinafter called LANDLORD) to
initiate Debit entries to TENANT's account indicated below on or about the 1st day of each month at the
depository financial institution named below, herein after called DEPOSITORY, and to credit the same to
such account. TENANT acknowledges that the origination of ACH transactions to TENANT's account
must comply with provisions of U.S. law.

LANDLORD agrees to initiate Debit entries for such amounts due as monthly rent under a written lease
agreement between LANDLORD and TENANT. Monthly rent shall be defined as the Base Rent, and any
applicable Garage Rent, Storage Rent, Sign Rent, and/or Additional Rent due under said lease.

DEPOSITORY Name (Name of Bank): _____

City: _____ State : _____ Zip: _____

Routing/Transit # (9 Digits): _____ Account Number: _____

Type of Account (Check One): Checking Savings

This authority is to remain in full force and effect until LANDLORD has received written notification from
TENANT of their termination in such time and in such manner as to afford LANDLORD and
DEPOSITORY a reasonable opportunity to act: at least two (2) weeks prior to the next scheduled ACH
transaction. Otherwise, this authority will terminate at such time as the written lease agreement between
LANDLORD and TENANT expires, and TENANT is no longer required to make monthly rent payments.
Additionally, LANDLORD reserves the right to terminate all future Debit entries to TENANT's account for,
any reason whatsoever, with thirty (30) days written notice to TENANT.

If insufficient funds exist in the above account to complete the ACH transaction, or if the above account has
been closed or is non-existent, then the failed transaction will be treated as a NSF payment under written
lease agreement between LANDLORD and TENANT. After two (2) such failed ACH transaction
LANDLORD shall immediately terminate all future Debit entries to TENANT's account.

TENANT NAME: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

ATTACH VOIDED CHECK HERE