



AUTOMATIC ELECTRONIC FUNDS TRANSFER (EFT)

Authorization Form

Property Management Company: _____

Resident Name: _____

Property Name: _____ Unit: _____

Payment amount: \$ _____ Payment start date: ____/____/____
(subject to additional convenience fees)

Frequency (check appropriate box):

Daily ☐

Every two weeks ☐

Every two months ☐

Every six months ☐

Weekly ☐

Monthly ☐

Quarterly ☐

Year ☐

Payment end date: ____/____/____ OR ☐ End of lease

eCheck: ☐ Debit / credit card: ☐

Bank Routing #: _____

Bank Account #: _____

Checking: ☐ Savings: ☐

Credit / debit card #: _____

Joe Smith 1234 Anystreer Court Anycity, AA 12345		DATE: _____
PAY TO THE ORDER OF: _____		\$ _____
		DOLLARS
FOR: _____		
000000000156	000000000296	456

Bank
Routing Number

Bank
Account Number

Check Number
(Do not use)

I hereby authorize the above named property management company to set up automatic recurring payments on my behalf for the purposes of paying rent/fees and associated convenience fees.

Name: _____

Signature: _____ Date: _____