

**Authorization Agreement  
Automatic Payments (ACH Debits)**

I, \_\_\_\_\_, hereby authorize Crowne at Long Leaf Trace Apartments to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and First Bank of Jasper to credit and/or debit the same to such account.

_____ (Financial Institution Name)	_____ (Branch)	
_____ (Address)	_____ (City/State)	_____ (Zip)
_____ (Routing Number)	_____ (Account Number)	

**Type of Account:** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Saving**

NOTE: This authority is to remain in full force and effect until Crowne at Long Leaf Trace Apartments has received written notification from me (or from either of us) of its termination in such time and manner as to afford Crowne at Long Leaf Trace Apartments and First Bank of Jasper a reasonable opportunity to act on it.

_____ Print Individual Name	
_____ Signature	_____ Date

**\*Please Attach Voided Check Here\***

ACH Debit will begin from my account on \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_ hereby acknowledge my understanding that Crowne at Long Leaf Trace Apartments will deduct from my checking account each month on the 1<sup>st</sup> day of the month. I hereby acknowledge my understanding that in the event that the funds are not available at this time that this will be considered a NSF payment. That Crowne at Long Leaf Trace Apartments will not attempt a second debit from my account for this month again. I will be notified that I will need to pay my rent by cashiers check or money order for the month attempted and if not paid by the opening of business day of the 6<sup>th</sup> day of the month that I will be responsible for late fees per my lease agreement.

I also acknowledge my understanding that after the 2<sup>nd</sup> time a debit is attempted that Crowne at Long Leaf Trace Apartments will notify me that they are canceling my ACH Debit agreement.

Amount of rent to be deducted monthly \$\_\_\_\_\_

Rent \$ \_\_\_\_\_  
Garage \$ \_\_\_\_\_  
Pet \$ \_\_\_\_\_

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FOR OFFICE USE ONLY

January 20__	\$ _____	July 20__	\$ _____
February 20__	\$ _____	August 20__	\$ _____
March 20__	\$ _____	September 20__	\$ _____
April 20__	\$ _____	October 20__	\$ _____
May 20__	\$ _____	November 20__	\$ _____
June 20__	\$ _____	December 20__	\$ _____