



Dear Owner,

If you are interested in joining the direct deposit program, we need you to complete the information below as well as the First ACH authorization form. By enrolling in our direct deposit program you will be "Going Green" by eliminating the need for paper statements. Once enrolled in the direct deposit program, we will send your Monthly Owner Statements via email. The direct deposit program will require a monthly charge of \$5.00 if you elect to enroll in this service. We try and keep our fees extremely competitive while offering the best service to you.

Yes! I would like to be enrolled in direct deposit. I understand that my account will be credited on or before the 11th of each month and a \$5.00 charge will be deducted from my rent check for this service.

*If you enroll in direct deposit, please sign this form below and return it along with a voided check from the account you would like your payments credited to. Please also note whether this is a checking or savings account.

_____ Date: _____

Direct deposit will be available to you the month following the receipt of your signed paperwork.

Name or Entity on Bank Account: _____

Owner Statement Address: _____

Email Address: _____

Property Address: _____

If you have multiple properties, please list the address for each home you would like enrolled.

ACH Authorization Form

Business to Debit/Credit Account

Authorized Business Name

Authorized Business Phone Number

Authorized Business Address

City

ST

Zip

Account Holder Information

Account Holder Name

Account Holder Business Name (if business account)

Account Holder Phone

Account Holder Address

City

ST

Zip

Account Holder's Bank Information

Account Holder's Bank Name

Branch City

ST

Zip

Bank Routing Number (9 digits)

Bank Account Number

Account Type: Business Checking

Personal Checking

Savings

⋮ 2 3 4 5 6 7 8 9 ⋮ 2 3 4 ⋮ 2 3 4 5 6 7 8 9

ABA Routing Number

Account Number

How to find your Routing and Account Numbers on a check

Payment Information

Payment Type: Debit Credit

Description/Goods Purchased/Services Rendered

Frequency

One-Time

Recurring

Payment Date

First Payment Date

Number of Payments or Open Ended

Amount of Payment

Amount per Payment or Variable Amount

Frequency: Weekly Bi-Weekly Monthly

Quarterly Semi-annually Annually

Authorization

Single Use

I hereby authorize the above named Business to Debit of Credit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authorization will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Until Revoked

I hereby authorized the above named Business to Debit or Credit the Bank Account referenced herein, via the Automated Clearing House system. This Authorization will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Signature of Account Holder

Print Name of Account Holder

Date

ACH Processing Provided By:



www.firstach.com

© First ACH All Rights Reserved



Better Payments