

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I/we hereby authorize A. Meadows Property Management to initiate entries to my/our checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until A. Meadows Property Management is notified by me/us in writing to cancel it in such time as to afford A. Meadows Property Management and The Bank a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name(s) as it appears on your account- PLEASE PRINT)

(Signature)

(Date)

(Name(s) as it appears on your account- PLEASE PRINT)

(Address - PLEASE PRINT)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Account Type: (Please check one box) Checking Savings

Please attach a copy of a voided check below.