
ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize KATZ REALTY GROUP (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), to pay my full monthly rent and related charges, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. **FUNDS WILL BE WITHDRAWN BETWEEN THE 2nd & 5th DAY OF EACH MONTH.**

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State and Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(E-Mail Address)

(Address – PLEASE PRINT)

(Apartment #)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

: 123456789 : 1234567890123

Routing Number

Account Number

- ***You must attach a voided check***

FOR OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____ APPROVED BY: _____ DATE: _____