

## AUTHORIZATION FOR DIRECT DEBIT RENT PAYMENT

Lauthorize Northern Management LLC to initiate electronic debit entries to my. <b>Thase</b> checking account or savings account on the 4th of each month for payment of my rent. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.
Date
Name (Please Print) Shickery Guo
Address 619 Laulel of \$202 marshfiled, WI, 54449.
Email Address Shihcheng. & uo @ gmail. com
Financial Institution Name (Please Print) Chase
Routing/Transit Number of Financial Institution 111000 614
Account Number at Financial Institution 522 017859
If not paying full amount of rent, please indicate amount to be withdrawn
Date of first ACH withdrawal /2/03/2017
Signature 3h

## PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Northern Management in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected/returned for any reason including NSF & Account Closed, I understand that Northern Management LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$50.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this bank account.

\*To cancel your ACH payment plan provide a written notice to your manager or our office 1 month prior to the month of cancellation.