

ACH DEBIT AUTHORIZATION FORM

I (we) hereby authorize Southside Property Management & LLC, hereinafter called SSPM, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name	Branch	Address	City	State	Zip
Routing Number	Account Number	Checking Account	Savings Account	Other	
		<input type="checkbox"/>	<input type="checkbox"/>	Specify:	

This authority is to remain in full force and effect until SSPM has received **written** notification from me (or either of us) of its termination or change of account information in such a time and manner as to afford SSPM and FINANCIAL INSTITUTION a reasonable opportunity to act on it. If no written termination is delivered, agreement automatically cancels at the end of the Lease Agreement.

Rent payments will be debited on the first business day of each month.		
Name On Bank Account	Rental Address	
	527 El Dorado Parkway Arcadia, Wisconsin 54612	
Name of Tenant (if different from bank account)	Effective Date for Recurring Charge	Amount to Debit

Security Deposit Authorization			
Will there be a one-time debit for a security deposit payment?	Amount:		Effective Date:
One Time Payment Authorization			
Will there be a one-time payment for rent that is separate from the above amount (pro-rated amount)?	Amount:		Effective Date:

Other Special Instructions: none

Account Holder Signature	Date
Contact Phone Number	Contact Email

<i>Office Use Only</i>	
Uploaded On:	
Processed By:	