**Bank Transfer Authorization Form**

 I authorize ***Roots Properties, LLC*** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law. Terms of billing:

* **DEPOSIT:** One time on \_\_\_\_\_\_\_\_\_\_\_ for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_.
* **RENT:** Starting on \_\_\_\_\_\_\_\_\_\_\_ and on the Friday’s of each Week thereafter for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_.
* **Late FEE: One time for the amount of $25.00 per occurrence for rent past 7 days.**

Customer bank account information (Please *attach voided Check*):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Routing Number Account Number

**Account type:** Checking Savings Consumer Business

This payment authorization is to remain in effect until I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, notify ***Roots Properties, LLC*** of its cancellation by giving written **notice 14 days** in advanced for the business and receiving financial institution to have a reasonable opportunity to act on it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tenant Signature mm/dd/yy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tenant Printed Name