



Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL (ACH DEBITS)

OWNER NAME: _____

Amount Authorized to Deduct: _____

Date to Deduct from Bank Account: _____

I (We) hereby authorize Amy Telnes Management Services, LLC. , to initiate one debit entry and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) (☐) **Checking account** or (☐) **Savings account** (select one) indicated below at the bank named below, herein after called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME: _____

BRANCH CITY: _____

STATE: _____

ROUTING NUMBER: _____

ACCOUNT NO: _____

This authorization is to remain in full force and effect until Amy Telnes Management Services, LLC. , has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Amy Telnes Management Services, LLC., and DEPOSITORY a reasonable opportunity to act on it.

ACCOUNT HOLDER NAME(S): _____

(Please Print)

Lot or Address: _____

DATE: _____

SIGNED: _____

SIGNED: _____

This is a one time deduction for the amount listed to be deducted on the date specified.

No further deductions shall occur without further authorization. Return this form to:

Amy Telnes Management Services
500 N Lake Havasu Ave Ste. A104
Lake Havasu City, AZ 86403
Phone: (928) 505-1120
amy@atmshoa.com