



**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:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**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.**

Amy Telnes Management Services  
2563 N. Kiowa Blvd.  
Lake Havasu City, AZ 86403  
Phone: (928) 505-1120 Fax: (928) 505-8087  
amy@atmshoa.com