

# www.RentBryant.com

Fax #888-653-3042 Phone #501-247-7991

PO Box 370 Bryant AR 72089

## Rental Payment Enrollment and Authorization Form (Authorization Agreement for Electronic Transfer of Funds via ACH Debits)

### Instructions:

1. Complete this entire authorization agreement. Please print using black or blue ink.
2. Present this completed form to Rick W. Johnson. Please attach to this form a voided check or deposit slip.
3. This agreement may be revised or terminated at any time by written notification or email to Rick Johnson.


### YOUR INFORMATION

<b>Check all appropriate box(es):</b> <input type="checkbox"/> New Enrollment/Authorization <input type="checkbox"/> Change in Payment Amount <input type="checkbox"/> Change in Bank Account <input type="checkbox"/> Cancellation of ACH Debit	Last Name:	First Name and Middle Initial:
	Street Address:	
	City:	State and Zip Code:
	Cell Phone: (     )	E-Mail Address:

### RENTAL PAYMENT AMOUNT AND FREQUENCY

Rental Amount: \$ _____ Pet Fees: \$ _____ Other: _____ \$ _____  <b>Total Rental Payment Amount:</b> \$ _____	<b>Frequency of Payment:</b> <input type="checkbox"/> Monthly on the 1st Day of Each Month <input type="checkbox"/> Monthly on the 5th Day of Each Month <input type="checkbox"/> Other _____ Frequency _____ *Dates other than 1st or 5th must be approved in advance.  Date of First Payment ____/____/____
----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### CHECKING OR SAVINGS ACCOUNT ACH DEBIT AUTHORIZATION

<b>Payment should be debited from my:</b> <input type="checkbox"/> Checking Account (Please attach a voided check.) <input type="checkbox"/> Savings Account (Please attach a deposit slip.) Routing Number (9 Digits): _____ Account Number: _____  <b>Office Use Only:</b> ACH Transaction Set Up on ____/____/____ by _____ Individual ID Assigned: _____	<b>I hereby authorize Rick W. Johnson to automatically withdraw rental payments from my account by initiating ACH debit transactions per the amount, frequency, and account information stated on this form. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of NACHA requirements. This authorization will remain in effect until Rick W. Johnson has received written notification from me of its termination in such time and in such manner as to afford Rick W. Johnson a reasonable opportunity to act on it.</b>  Account Holder Signature: _____  Date: ____/____/____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------