

THIS AUTHORIZATION REMAINS IN FULL FORCE AND EFFECT UNTIL JOGIP MANAGEMENT RECEIVES WRITTEN NOTIFICATION FROM TENANT OF ITS TERMINATION, OR UNTIL JOGIP MANAGEMENT DEEMS IT NECESSARY TO TERMINATE THE AGREEMENT.

# ACH DRAFT

## AUTO-RECURRING DIRECT PAYMENT AUTHORIZATION FORM

(PLEASE PRINT LEGIBLE & PROVIDE COPY OF VOIDED CHECK)

SECTION A

TYPE OF ENROLLMENT <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	NAME (FIRST MIDDLE LAST)	ADDRESS CITY STATE ZIP
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SECTION B

TYPE OF ACCOUNT  
 \_\_\_\_\_ CHECKING      \_\_\_\_\_ SAVINGS

VERIFY ROUTING & ACCOUNT NUMBERS WITH FINANCIAL INSTITUTION

BANK ROUTING NUMBER	BANK ACCOUNT NUMBER
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FINANCIAL INSTITUTION NAME

FINANCIAL INSTITUTION ADDRESS

SECTION C

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. State law. **I AGREE TO NOTIFY MERCHANT IN WRITING OF ANY CHANGES IN MY ACCOUNT INFORMATION OR TERMINATION OF THIS AUTHORIZATION 15 DAYS PRIOR TO THE NEXT DUE DATE OF THE CHARGES.** I understand that cancellations must be made in writing and I will not dispute merchant debiting my checking/savings account as long as the amount corresponds to the terms indicated on this contract.

I \_\_\_\_\_ AUTHORIZED JOGIP PROPERTY COMPANY to initiate electronic debit entries to my bank account in the amount of \$\_\_\_\_\_ for payment of my monthly rent payment on a monthly basis. In the event my rent increases during occupancy; I AUTHORIZE JOGIP PROPERTY COMPANY to increase debit necessary to cover full rental payment. Increase may include month to month charge and/or rent increase.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION D (TO BE COMPLETED BY TENANT IF CANCEL BOX IN SECTION A IS CHECKED)

I HEREBY CANCEL MY ACH DRAFT AUTHORIZATION.	SIGNATURE	DATE
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**PLEASE PROVIDE A COPY OF A VOIDED CHECK**

**FAX FORM TO (214) 742-7369**