



**AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL (ACH CREDITS)**

**\*\*\*ALL ACH Withdrawals will be sent through on the 1<sup>st</sup> of the month or the last business day prior to the 1<sup>st</sup>.**

I (we) hereby authorize High Property Management to initiate debit withdrawals from my (our)  
Checking Account  
Savings Account

Indicated below at the named financial institution. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

Financial Institution Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Amount Authorized to be Drawn Monthly \_\_\_\_\_  
Month First Debit Should Occur \_\_\_\_\_

**This authorization is to remain in full force and effect until High Property Management has received written notification from me (either of us) of its termination in such time and in such manner as to afford High Property Management and the financial institution a reasonable opportunity to act on it.**

Name(s) \_\_\_\_\_ Signature(s) \_\_\_\_\_  
Please Print \_\_\_\_\_ Date \_\_\_\_\_  
Please Print \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RESIDENT MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING HIGH PROPERTY MANAGEMENT IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

PLEASE INCLUDE A VOIDED CHECK WITH AUTHORIZATION IN ORDER THAT DIRECT WITHDRAWAL CAN BE IMMEDIATELY APPLIED TO LEASE.