



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBIT)

I (We) hereby authorize ___Nantucket Apartments_____ (hereinafter called "Company") to initiate a debit entry of \$ _____ to my (our) Personal Checking Business Checking Personal Savings Business Savings account indicated below, at the depository financial institution (hereafter called "Depository") named below, and to debit the same to such account. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

Additionally, I (we) hereby authorize Company to initiate credit entries to my (our) account and the Depository to debit the same to such account, in the case where the incorrect amount has been debited to such account in error.

This authorization is to remain in full effect until Company or Depository has received written notification from me (or either of us) of its termination, in such time and manner as to afford Company or Depository a reasonable opportunity to act upon it, or until Company or Depository has sent me (either of us) ten (10) days' written notice of Company or Depository's termination of this agreement.

Print your name: _____

Address at Nantucket: _____ Stratton Way, Apt. _____

Your bank's name: _____

_____, _____, _____, _____
Address: City State Zip

Routing #: _____ **Account #:** _____

Confirm amount to be pulled on the 1st. of every month = \$ _____

Starting the month of: _____, **Year:** _____

Signature of Resident: _____, **Date:** _____