

ACH Authorization Form

Please fill out the information requested below. **Return the document by email to onsite@rafco.com or fax to 314.721.8533.** We will contact you after we receive your completed form. Thank you.

New Account Change – Bank Information Change-Debit Amount Cancellation

Property Type: Condominium Association Homeowners Association Rental Property

Property Name & Address: _____

I/We hereby authorize Rafco Properties on behalf of _____
(insert Association or Lessor Name)

to initiate debit entries to my/our Checking/Savings account indicated below.

Charges will be withdrawn from the account indicated below on the first business day of each month for items such as condo dues, special assessments or other charges indicated by customer. If ACH attempts are unsuccessful to due NSF, stop payment or other user initiated terms, the customer account will be assessed applicable fees and/or interest as outlined in the lease agreement and/or condominium association declarations & by-laws, and enrollment in the ACH Debit Authorization program will be cancelled.

This authority is to remain in full force and effect until Rafco Properties has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Rafco Properties a reasonable opportunity to act on it. In the event of rent or dues increases, the account will automatically debit for the increased amount.

By signing this document, I acknowledge and agree to the terms set forth above. I understand a voided check or savings deposit slip copy must be submitted for account verification purposes. If a voided check or savings deposit slip is not submitted, I understand I will be responsible for any NSF or returned check charges, and these charges will be posed to my account. One-time charges (including but not limited to key fobs, garage openers, and late fees) may be debited upon receipt of written consent.

Customer Name: _____ Unit Number: _____

Account Owner Name: _____

Account Owner Signature: _____ Date: _____

Account Type: Checking Savings

Routing Number: _____

Account Number: _____

Depository/Bank Name: _____

Fees To Be Debited:

Rental Fees		Association Fees	
<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Association Fee	\$ _____
<input type="checkbox"/> Parking	\$ _____	<input type="checkbox"/> Special Assessment	\$ _____
<input type="checkbox"/> Pet Fee	\$ _____		
<input type="checkbox"/> Utilities	\$ _____		
Total Rental Fees	\$ _____	Total Condo Debit Fees	\$ _____
Debit Amount		Amount	