

### American Property Management P.O. Box 1799 Danville, CA 94526-6799 Phone: (925) 831-8900 • Fax (925) 831-8909 support@apmproperties.com

Checking

Savings

# Direct Debit Authorization

#### **Authorization Agreement**

I hereby authorize **American Property Management** (hereinafter referred to as "APM") to initiate electronic debits from my account at the financial institution named below. I understand that my account will be debited monthly (1st of each month) for rent charges according to the current lease or modified tenancy in force and so authorize said debits as they occur. I also authorize APM to make credits to this account in the event that a debit entry is made in error. I understand that if my account has insufficient funds to complete the electronic debit, then the failed transaction will be treated as a NSF payment under the written lease or rental agreement.

Further, I understand it is my responsibility to monitor my account below on a monthly basis, and to contact APM immediately if the amount deducted from my account below is incorrect or not in agreement with me. Otherwise, I agree not to dispute or challenge any debits from my account that exceed one-month from date of withdrawal.

This agreement will remain in effect until APM receives a written notice of cancellation from me or my financial institution, or until I submit a new Direct Debit Authorization form to APM.

#### Account Information

Name of Financial Institution:

9-Digit Routing Number:

Bank Account Number:

Print Names on Account:

For help determining the bank routing and account numbers, please see sample check below.

Signature	
Authorized Signature (Primary):	Date:
Authorized Signature (Joint):	Date:

## Please attach a voided check below and return this form to APM.

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PAY TO THE ORDER OF	5	SAMPL	E	0ATE	
YOUR FINANCIAL ANYTOWN, USA	. INSTITUTION				DOLLA
MEMO		4567890)*	1001		