

# ACH Authorization Form

Please fill out the information requested below. **Return the document by email to onsite@rafcoprop.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Charges will be withdrawn from the account indicated below on the first business day of each month for items such as condo dues, special assessments or other charges indicated by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	\$ _____		
<b>Total Rental Fees</b>	\$ _____	<b>Total Condo Debit Fees</b>	\$ _____
<b>Debit Amount</b>		<b>Amount</b>	