



ACH DEBIT AUTHORIZATION FORM

Please fill out the information requested below. **Return completed document with voided check or deposit ticket by email to info@mqtrentals.com or fax to 906.228.8779.** We will contact you after we receive your completed form. Thank you.

New Account **Change — Bank Information** **Cancellation**

Property Address _____

I/We hereby authorize Select Realty Property Management on behalf of the property owner to initiate debit entries to my/our Checking/Savings account indicated below.

Charges will be withdrawn from the account indicated below on the 1st business day of each month for items such as rent, pet fees, repairs, late fees, violation fees and other amounts associated with lease terms. If ACH attempts are unsuccessful due to 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 enrollment in the ACH Debit Authorization program will be canceled.

This authority is to remain in full force and effect until Select Realty Property Management has received written notification from me/us of its termination in such time and in such manner as to afford Select Realty Property Management a reasonable opportunity to act on it. In the event of rent increase, or other fees and costs associated with lease terms, the account will automatically debit for the increased amount. A statement of increased rent or additional fees will be emailed to account address on file.

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 that I will be responsible for any NSF or returned check charges, and these charges will be posted to my account. One-time charges (including but not limited to key fobs, garage openers, repair costs, parking fees, violation fees and late fees) may also be debited.

Tenant Name: _____

Account Owner Name: _____ **Phone #:** _____

Account Owner Signature: _____ **Date:** ____/____/____

Account Owner Name: _____ **Phone #:** _____

Account Owner Signature: _____ **Date:** ____/____/____

Account Type: **Checking** **Savings** ****AMOUNT WILL BE DEBITED ON THE 1st OF EACH MONTH****

Routing Number: _____ **Account Number:** _____

Depository/Bank Name: _____ **City:** _____ **State:** _____ **Zip:** _____

RECURRING FEES TO BE DEBITED MONTHLY

- Rent: \$ _____
- Pet Fee: \$ _____
- Other: \$ _____
- Snow/Yard Pkg. \$ _____
- Utilities: \$ _____
- Total: \$ _____

Please specify: _____

****Late fees, damages, repair costs, violation fees, parking fees, increased rates and other one-time fees are not reflected here and are available upon request****

FOR OFFICE USE ONLY

Verification Date: ____/____/____

Agent: _____ Time: _____

Notes:

