

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize All Property Services, Inc. to initiate debit entries and adjustments for any debit entries in error from my \_\_\_\_\_ Checking, \_\_\_\_\_ Savings Account (select one) at the financial institution indicated on this enrollment form. I further authorize the financial institution named in this enrollment form to debit such account for:

### Check Only One Box Below

Homeowner's Dues Assessments

I WANT TO:

Tenant's Monthly Rental Payments

### Check Only One Box Below

START new EFT

CHANGE existing EFT

STOP current and future EFT

I understand that this authorization remains in effect until All Property Services, Inc. receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford All Property Services, Inc. and my financial institution a reasonable time to act on it.



\_\_\_\_\_  
**Homeowner or Tenant Account Holder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Homeowners Association (Tenants: Leave blank if this is for rent payments)**

\_\_\_\_\_  
**HOA DUES: Address of Property or for RENT PAYMENTS: Address of Rental Unit**

In order to begin this service, I am providing herewith a cancelled/voided check for the account from which I want my assessments or rent withdrawn – **and** – I am providing the bank account information below:

### **Bank Account Information:**

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_  
\_\_\_\_\_

Phone No. of Bank: \_\_\_\_\_

ABA or Bank Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_ Checking or \_\_\_\_\_ Savings