



ACH AUTHORIZATION FORM

Date: _____	
Property/Landlord: _____	Checking _____
Tenant Name: _____	Savings _____
Account Name: _____	
Account Address: _____ _____	
Bank Name: _____	One time _____
Routing Number: _____	Recurring _____
Account Number: _____	Day of Month _____
Amount: _____	

By signing this authorization, I hereby authorize Riverwood Properties, on behalf of the Landlord, to initiate debit entries to the bank account indicated on this form, This amount will be applied to the balance currently due.

I agree to have sufficient funds in my deposit account on the date the account is drafted. If there are insufficient funds in my deposit account on the day that an attempt is made to draft the funds, I authorize Riverwood Properties to make other attempts to draft my account. I understand that Riverwood Properties will only make one additional attempt to draft the funds for the payment that is due. I understand that I will be responsible for any fees that may be imposed due to insufficient funds.

If I choose to cancel this authorization, or if I change my deposit account, I must notify Riverwood Properties in writing. This written notification must be received at least 10 days prior to the date of the next authorized draft.

Print name of person authorizing this service	Signature	Date
Print name of Deposit Account Owner (If different than above)	Signature	Date