



_____(LandlordName)
C/o: Trimark Corporation
6231 Leesburg Pike, Suite 100
Falls Church, VA 22044

Authorization Agreement For Automated Payment System (ACH Debits)

Tenant Name: _____

Unit#(s): _____

Trimark Account#: _____
(XXX-XX)

Due Date: *1st of Each Month*

I (we) hereby authorize Trimark Corporation, managing agent for _____, to initiate debit entries to my (our) account indicated below at the depository named below, to debit the same to such account. If funds in the account so debited are not sufficient to cover such ACH debits, I (we) shall pay company \$35.00 for each non-sufficient funds occurrence.

Depository (Bank) Name: _____

Account Holder Street Address: _____

ABA Routing #: _____ **Account #:** _____

Payment Amount: \$ _____ **Effective Month/Year:** _____

Termination Month/Year: _____

I (we) understand that this amount may be adjusted upward to the event certain recurring charges are imposed under the terms of my (our) lease agreement with the Landlord. It is understood that as the Tenant(s), I (we) have been notified of the debit adjustment amounts which are stated in the lease agreement.

PLEASE ATTACH A VOIDED CHECK

Unless a Termination Date is indicated above, this authorization is to remain in full force and effect until Trimark Corporation has received written notification from me (or either of us) of its termination. Termination will be provided in such time and in such manner as to allow Trimark Corporation a reasonable opportunity to act on it. Under penalties of perjury, I (we) certify that the below Name and Signature(s) are authorized signers to the Depository (Bank) Name. (Please complete and return to the address above.)

Name(s): _____

Title(s): _____

Signed: _____ **Date:** _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Internal Use Only:

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EFT Networks Data Entry Code: _____ **Data Entry Date:** _____