



AUTHORIZATION FOR AUTOMATIC PAYMENT



Monthly Rental Payments will be withdrawn from your bank checking or savings account automatically on the scheduled payment date, within (30) days following receipt of this authorization form. All payment will be drawn between the *1st and 5th of each month*. If there are not sufficient funds in your account to complete the withdrawal, there will be a \$35 fee assessed to cover our bank charges **plus** any additional charges covered in your lease agreement.

ANY CHANGES TO THIS WITHDRAWAL MUST BE REQUESTED IN WRITING AT LEAST TEN (10) WORKING DAYS PRIOR TO THE SCHEDULED WITHDRAWAL DATE AND MUST BE MADE IN WRITING.

TENANT NAME: _____

WITHDRAWAL START DATE: _____

PROPERTY MANAGER NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIPCODE: _____

BEST CONTACT PHONE: _____ ALT PHONE: _____

BANK OR FINANCIAL INSTITUTION: _____

ADDRESS: _____

BRANCH: _____ PHONE: _____

BANK ROUTING #: _____

() CHECKING () SAVINGS ACCOUNT #: _____

WITHDRAWAL AMOUNT: _____

By signing below I/We hereby authorize WEST USA REALTY to automatically withdraw the funds stated above from said account that is also listed above

SIGNATURE: _____

DATE: _____

PLEASE ATTACH A VOIDED CHECK OR BANK VERIFICATION FORM WITH THIS APPLICATION.

****PLEASE NOTE THAT IF YOU DO NOT ATTACH A CHECK OR FAIL TO FILL OUT ANY INFORMATION THAT THIS FORM WILL BE RETURNED AND POSSIBLY NOT PROCESSED.****

OFFICE USE ONLY

Date Received: _____

Date Received: _____