

ACH CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Bosshardt Property Management, LLC (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION reasonable opportunity to act on it. A \$2.00 monthly fee is charged for this service.

Name of Financial Institution

Address of Financial Institution – Branch, City, State & Zip

Signature

Date

Name (PLEASE PRINT)

Address (PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Account Number: _____ Account Type: _____

Please attach a copy of a voided check.