

New Horizon Property Management Electronic Funds Transfer (EFT) Authorization

This form is to authorize regularly scheduled charges to your **Bank Account**. You will be charged the amount you choose below each month. Fill out parts 1 and 2 and sign below. Allow 15 business days for your authorization to go into effect. A receipt for each payment will be provided to you and the charge will appear on your bank statement. **Please note: we can only accept an EFT from a checking or saving account, not credit or debit cards.**

Part 1 Tenant Information

Name _____			Building _____			Unit # _____					
Billing Address _____											
Phone _____			Email (we cannot process without an email address) _____								
___ New EFT			___ Change in Amount			___ Bank Account Change			___ Other Update		
Monthly Amount for EFT: \$ _____						Date of EFT each month _____					
						Date you want the EFT to start _____					

Part 2 Bank Information

Name on Bank Account _____	
Bank Routing Number _____ (9 digits)	Bank Account Number _____
Bank Name _____	City / State / Zip _____
Transfer funds from (check one):	
___ Checking Account (attach voided check)	___ Savings Account (attach savings deposit slip)

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify New Horizon Property Management to change my account information or to terminate this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that ACH debits to my checking/savings account may be withdrawn from my account as soon as my requested date because these are electronic transactions. In the case of an ACH transaction being rejected for nonsufficient funds (NSF), I understand that New Horizon Property Management may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Tenant Signature _____ Date _____