

ACH AUTHORIZATION FORM

AUTOMATIC RENT PAYMENT (ACH) ENROLLMENT/AUTHORIZATION FORM

YES, I (we) hereby authorize Lakewood Vista to initiate debit entries to my (our) (select one) checking account / savings account for my (our) monthly payment for rent as stated below, plus all other related charges which include, but is not limited to utilities, late/NSF fees, pet fines and RV storage fees, due from the bank account associated with the attached "VOID" check beginning on the (select one) 1st or 4th of (month) _____.

» In order for Automatic Rent Payments to begin on the 1st or 4th of any month, Lakewood Vista must receive your response by the 15th of the prior month. If your response is received after the 15th, we will begin Automatic Rent Payments one month later.

Bank Name: _____ Branch: _____

ACH/Routing Number (please verify with your bank for proper #) _____

Account Number: _____

I understand it is my responsibility to notify Lakewood Vista in writing if this bank account is closed for any reason or if I wish to discontinue this service at any time. Until written notification has been provided, this authorization will remain in full force and effect.

Resident Name

Daytime Phone Number

Name of Community

Space #

Signature of Account Owner

Date

» This form cannot be processed without a signature above and a "VOID" check attached below.

» To cancel the monthly debit of your account, you must notify Commonwealth Real Estate Services in writing 30 days prior to the 1st of the month for your cancellation to be in effect for the upcoming month. Cancellation notifications received without 30 days notice, will be processed for the subsequent month.

*****PLEASE ATTACH A VOIDED CHECK HERE*****