

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

New Authorization

Delete Authorization

Change Existing Authorization

Resident Name _____

Resident Address _____

Resident Email _____

Resident Phone _____

I hereby authorize Wessex to initiate debit from my (our) account as indicated below.

Transfer amount: \$ _____

To occur monthly from _____ to _____
(mo/yr) (mo/yr)

(Transfer to occur on the 1st of the month (or the 1st business day of each month))

Transfer from:

Bank Name _____ Bank Phone Number _____

City _____ State _____ Zip _____

Account type: Checking Savings

Name on Account _____

Account Number _____ Routing Number _____

This authority is to remain in full force and effect until Wessex has received written notification of its termination in such time and in such manner as to afford Wessex a reasonable opportunity to act on it.

Account holder Signature _____ Date _____

***Copy of photo I.D. required if Account holder is not the tenant ***