

Summers Property Management
ACH - Rent Payment Collections Form

Tenant Name: _____

Property Address: _____ Home Phone: _____

Work Phone: _____

City, State, Zip: _____

BANK ACCOUNT INFORMATION

Banking Institution Name: _____

ABA Routing #: _____

Account #: _____

Checking or Savings: _____

AMOUNT OF TRANSFERS AUTHORIZED

Dollar Amount: \$ _____ Transfer Start Date: _____
Transfer Every Week or Month: _____ (Weekly transfers will occur on Fridays)

IMPORTANT! Please attach a voided check or a savings deposit slip to this form.

I understand that this agreement authorizes the transfer of funds to make payments on my rent. I will remain liable for all rent payments due as well as any charges, according to my lease, if funds are not properly transferred. I have the right to receive notice of changes in rent amounts.

I can stop an automated payment by notifying Summers Property Management, seven (7) business days before the payment is scheduled.

I understand that if the outstanding rent scheduled automatic transfer, then automatic transfers will be discontinued, and I must make the final payment by an alternative method.

Tenant Name: _____

Tenant Signature & Date: _____

Please Download, Print, Sign & Return This Form!

Summers Property Management
10 W State Street Suite 108
Geneva, Illinois 60134

Telephone: 630-232-7535

Facsimile: 630-232-7650

Email: PropertyManager@summerscommercial.com

www.summersrealestatepro.com

SAVE A COPY FOR YOUR RECORDS!