

AUTOMATIC PAYMENT SERVICE APPLICATION AUTHORIZATION

Name (tenant)

Property Address

Cell Number: _____

Alternate Phone: _____

Email Address: _____

I _____ (*account holder's name*) authorize **BCK Rentals** and the financial institution named below to initiate entries to my checking account. This authority will remain in effect through **March 2020** unless I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

The charge, in the amount of \$_____ will be made on or around the 10th of each month depending on holidays and weekends.

Name of Financial Institution _____

Checking (Routing # _____)

(Account # _____)

PLEASE PROVIDE VOIDED CHECK

I understand that I am in full control of the Automatic Payment Service. If at any time I decide to discontinue it prior to the ending date, I will notify **BCK Rentals**. I understand this information will be used solely for the **Automatic Payment Service**.

Signature

Date