

ACH TENANT PAYMENT AGREEMENT

This is my authorization for RE/MAX Alliance to automatically debit my checking account at _____ in _____, _____, in the monthly amount of \$_____, beginning _____, 20____.

Financial Institution City State

I understand that this authorization will be in effect until I notify my **financial institution and my property manager in writing** that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

Attach VOIDED check here.

I understand that if RE/MAX Alliance tries to draft funds for rental payment from the account noted above, and there are not sufficient funds to cover said draft, it will be handled in the same manner as a non-sufficient check and subject to fees per the terms of my lease. After a second non-sufficient funds draft I will be dropped from the program. All payments will be made by certified funds for a period of six months at which time my Agent/Property Manager will determine if I can be reenrolled in the program.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERRABLE

Customer Name Property Address
Customer Signature Agent Name
Customer Social Security Number Agent Signature
Date

**Agents: This form must be turned into the admin office
By the 21st of the month preceding the start date.**