

DEBIT AUTHORIZATION

Property Address	
Monthly Amount	
Day of Month to Process Payment (If the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day)	
Date of First Payment	
Date of Final Payment (or write indefinite)	
Payer Full Name(s)	
Payer Phone	
Payer E-Mail	
Financial Institution (Bank Name & Branch)	
Financial Institution Address (Bank Address)	
Bank Account Type	Checking Savings
Bank Routing Number	
Bank Account Number	
(Attach voided check)	

I/we hereby authorize AKB Consulting, Inc. to initiate debit entries to my/our account indicated above and the financial institution named above to debit the same to such account for monthly rent and/or loan payments. I/we acknowledge that the origination of ACH transactions to my/our account must comply with U.S. law. This authority is to remain in full force and effect until AKB Consulting, Inc. has received written notification of its termination.

To modify or cancel an automatic recurring payment please e-mail Changes@akbpayments.com. **Any changes must be received two business days prior to the next scheduled payment date.**

To avoid a Non-Sufficient Funds charge the funds to be transferred must be in your bank account and available on the day the electronic payment is processed each month. **If a payment is returned due to non-sufficient funds you will be assessed a \$30 NSF fee.**

Print or Type Individual Name(s)

Signature 1

Date

Signature 2 (if applicable)

Date