

# Debit Authorization – EFT

addendum a.

For rent payments to **Gene Richards**

In conjunction with Northfield Savings Bank PO Box 347 33 South Main Street Northfield, VT 05663

I (we) hereby authorize GENE RICHARDS to initiate debit entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below (hereafter called financial institution) to debit the same from such account periodically for scheduled monthly payments as they become due in the amount of \$\_\_\_\_\_ for my rent payments at \_\_\_\_\_ (property address), plus a \$20 “association fee” for a total of \_\_\_\_\_. I (we) hereby authorize GENE RICHARDS to initiate the debit on the 1st day of the month (see **How Preauthorized Debits Work** below) beginning June 1, 2010 and continuing on the 1<sup>st</sup> of every month through May 1<sup>st</sup>, 2011.

**How Preauthorized Debits Work.** The transfer date will be the 1<sup>st</sup> of the month. The preauthorized charge will be attempted on the transfer date. Funds must be available for withdrawal on the transfer date. If the transfer date is a non-business day the transfer will be processed on the NEXT business day. If a debit is returned by the Financial Institution, the transfer will be attempted again. This will occur until funds are available or GENE RICHARDS terminates this agreement. GENE RICHARDS may terminate this agreement if any three debit entries are returned by the Financial Institution. If a payment is not made before the grace period expires, a LATE CHARGE will be assessed and the next preauthorized debit will include late charges and include multiple payments, for which you will not receive special notification.

I (we) acknowledge that the origination of ACH transactions from my (our) account(s) must comply with the provisions of the U.S. law.

Complete this information about the checking/savings account and financial institution from which funds will be debited.

\_\_\_\_\_  
Financial Institution (*holding the deposit account*)

\_\_\_\_\_  
Routing Number

*Check one*

=Checking \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account Number

=Savings \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
City State Zip Code

This authority is to remain in full force and effect until GENE RICHARDS has received written notification from me (or either of us) if its termination in such time and in such manner as to afford GENE RICHARDS and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) have read, understand, and agree to the terms stated.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_  
Date Date

Telephone Number (Work) \_\_\_\_\_ Telephone Number (Home) \_\_\_\_\_

Please attach a voided check if checking account is selected. Mail completed authorization form and sample “Voided Check” to: **Gene Richards 168 Summit Street Burlington, VT 05401** [FAX TO 802-860-6112](tel:802-860-6112)


### For Company Use Only

Employee Accepting Form \_\_\_\_\_ Date received \_\_\_\_\_ Processed by \_\_\_\_\_

Follow up action required \_\_\_\_\_

# Routing and Account Numbers

Name	010
Street	
City/State/Zip	_____20_____
Pay to the order of	_____ \$\$
	_____ Dollars
For	_____
:010101010:	1010909090: 0909

Routing # 

Account # 