

Debit Authorization – EFT FORM

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, 2013 and continuing on the 1st of every month through May 1, 2014.

How Preauthorized Debits Work. The transfer date will be the 1st 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 _____

Account Number _____

Address _____

=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**

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 #