

Debit Authorization – EFT FORM

*For rent payments to Gene Richards
In conjunction with Northfield Savings Bank P.O. 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 (hereinafter 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, 2014 and continuing on the 1st of every month through May 1, 2015.

Consent to Assignment.

The undersigned hereby expressly authorizes GENE RICHARDS to assign this authorization and all rights of GENE RICHARDS hereunder together with the delegation of all duties under this Authorization Agreement to any third party that GENE RICHARDS shall designate by written assignment. The foregoing assignment and delegation shall be without further consent by the undersigned to such assignment and delegation, which assignment and delegation is hereby expressly authorized, consented to and permitted. From and after the effective date of any such assignment and delegation, all payments and debits authorized hereunder shall be made solely to the account of such assignee named in such executed written assignment. This Authorization Agreement shall be binding upon and shall inure to the benefit of Gene Richards and any successors and assigns. All references to "GENE RICHARDS" set forth herein shall mean GENE RICHARDS before the effective date of such assignment and shall mean the assignee named in such assignment on and after the effective date of such assignment. Included within this consent is the consent to give any and all information provided by the undersigned to GENE RICHARDS in any way related to this authorization to any assignee. Upon the effective date of any assignment, Gene Richards shall be released from any and all obligations hereunder.

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

This authority is to remain in full force and effect until GENE RICHARDS has received written notification from me (or either of us) of 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 _____

Date _____

Print Name: _____

Telephone Number (home/cell) _____

Telephone Number (Work) _____

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 _____