



Auto Draft - Direct Deposit

1704 W. Call Street #800 • Tallahassee, FL 32304 • (850) 222-6819 • Fax: (850) 222-3197

DEAR TENANT,

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT FORM. RENT PAYMENT WILL BE DEDUCTED ON THE 1ST OF EVERY MONTH, IF THE 1ST FALLS ON A WEEKEND, IT WILL BE POSTED THE MONDAY FOLLOWING.

BEGIN AUTOMATIC DEBIT THE 1ST OF _____, 20____.

I HEREBY AUTHORIZE WHITEHALL ON WEST CALL, LLC, TO INITIATE DEBIT ENTRIES (OR DEBIT ENTRY TO ADJUST ANY DEBIT ENTRY MADE IN ERROR) FROM MY:

CHECKING_____SAVINGS_____ ACCOUNT (SELECT ONE)

FROM THE INDICATED FINANCIAL INSTITUTION NAMED BELOW,

HEREINAFTER CALLED AUTOMATIC DEBIT.

FINANCIAL INSTITUTION:_____

BRANCH:_____

CITY:_____ STATE:_____ ZIP:_____

ROUTING/TRANSIT NUMBER:_____

ACCOUNT NUMBER:_____

*******ATTACH A VOIDED CHECK TO FORM*******

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECTIVE UNTIL WHITEHALL APARTMENTS HAS RECEIVED WRITTEN NOTIFICATION FROM THE TENANT TO END ACH DEBIT, OR UNTIL END OF LEASE TERM, WHICH EVER COMES FIRST.

TENANT NAME:_____

(PLEASE PRINT)

APARTMENT #_____

AUTHORIZED SIGNER:_____ DATE:_____