

# ACH Debit Authorization Form


## Business to Debit Account

Fayette Property Management	859-317-5715
Authorized Business Name	Authorized Business Phone Number
P.O Box 23853	Lexington
Authorized Business Address	City
	KY 40523
	ST Zip

## Account Holder Information

Account Holder Name	Account Holder Business Name (if business account)	Account Holder Phone
Account Holder Address	City	ST Zip

## Account Holder's Bank Information

Account Holder's Bank Name	Branch City	ST	Zip
Bank Routing Number (9 digits)	Bank Account Number	Account Type: <input type="checkbox"/> Business Checking	
		<input type="checkbox"/> Personal Checking	
		<input type="checkbox"/> Savings	

How to find your Routing and Account Numbers on a check

## Payment Information

Description/Goods Purchased/Services Rendered

Frequency:	<input type="checkbox"/> One-Time	<input type="checkbox"/> Recurring	
	Payment Date	First Payment Date	Number of Payments or <input type="checkbox"/> Open Ended
	Amount of Payment	\$ _____ or _____ Variable Amount	
	Amount per Payment		
	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		

## Authorization

**Single Use**  
 I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

**Until Revoked**  
 I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Signature of Account Holder	Print Name of Account Holder	Date
-----------------------------	------------------------------	------

ACH Processing Provided by



www.firstach.com

© First ACH. All Rights Reserved.



Better Payments.