



Dear Valued Resident,

Ridge View Apartments is very pleased to announce that we are accepting ACH Debit as payment method for monthly rent due. This program will help save you time and money by automatically debiting your monthly rent from your bank account on the second business day of the month. You will no longer have to remember to write a check for your rent, drop it off at the office, or worry about late fees. Let us do the work for you!

Simply print your name, sign and date the Authorization Agreement portion of the attached sheet, and drop it off at the office with a voided check. It's that easy! Our bank will then deduct from your checking account the total monthly rent due each month, at no fee to you! Please note nsf fees do apply if there are insufficient funds in the account at time of debit and a money order will be required for that month's payment.

If you have any questions on this new program please feel free to give me a call at (414) 769-9740

Sincerely,

Property Manager

ACH DEBIT AUTHORIZATION

INSTRUCTIONS FOR COMPLETION
& COMPLETED SAMPLE FORM

- A =** Property Name
- B =** Company's (Fed) ID number – leave blank
- C =** Resident's Name
- D =** Resident's Financial institution which will receive the debit transactions
- E =** Resident's Financial institution's address
- F =** Resident's Financial institution's transit/ABA number
- G =** Resident's Checking or Savings account number
- H =** Date the Authorization Agreement is completed
- I =** Resident's Yardi Code
- J =** Resident's printed name and signature
- K =** Joint account holder's printed name and signature. If a joint account, information on both account holders is required on the Authorization Form.

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME <p style="text-align: center;">A = ABC Company</p>	COMPANY ID NUMBER <p style="text-align: center;">B = leave blank</p>	
I (we) hereby authorize <u>C = ABC Company</u> hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME <p style="text-align: center;">D = M&I Marshall & Ilsley Bank</p>	BRANCH	TRANSIT/ABA NUMBER <p style="text-align: center;">F = 0750-00051</p>
CITY, STATE, ZIP <p style="text-align: center;">E = Milwaukee, WI 53202</p>		ACCOUNT NUMBER <p style="text-align: center;">G = 001-12-1234</p>
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination 10 days prior to the next scheduled Debit transaction. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY 10 days prior to the next scheduled Debit transaction. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
	DATE H = MM-DD-YY	IDENTIFICATION NUMBER I = 123-45-6789
NAME (PLEASE PRINT) J = John Smith	NAME (PLEASE PRINT) K = Mary Smith	
SIGNATURE <i>John Smith</i>	SIGNATURE <i>Mary Smith</i>	
113-112-001 NIP (3/87)		

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME Apartments:	COMPANY ID NUMBER	
I (we) hereby authorize Apartments: _____ hereinafter called COMPANY, to initiate debit entries in the amount of my monthly lease charges due, to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME	BRANCH	TRANSIT/ABA NUMBER
CITY, STATE, ZIP	ACCOUNT NUMBER	
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination 10 days prior to the next scheduled Debit transaction. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY 10 days prior to the next scheduled Debit transaction. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
	DATE	IDENTIFICATION NUMBER
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)	
✍ RESIDENT SIGNATURE	✍ RESIDENT SIGNATURE	
113-112-001 NIP (3/87)		

CANCELLATION ACKNOWLEDGEMENT –FOR TERMINATING PRE-ARRANGED PAYMENTS (ACH DEBITS)	
<p>I, _____, here by give _____ Apartments notice of ACH Debit termination. I <small>(Resident Name)</small> give authorization for _____ rent for apartment number _____ be the last ACH <small>(Month)</small> <small>(Year)</small> <small>(Apt Number)</small> Debit from the bank account I provided above.</p>	
✍ RESIDENT SIGNATURE	DATE
MUST BE GIVEN TO _____ Apartments 10 DAYS PRIOR TO SCHEDULED DEBIT TRANSACTION LISTED ABOVE.	