

## ACH Debit Authorization

I (we) hereby authorize THE BALDWIN LOFTS, to initiate MONTHLY debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \$\_\_\_\_\_. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Bank Routing Number)

\_\_\_\_\_  
(Account Number) Type of Acct: Checking Savings

This authority is to remain in full force and effect thru July 5<sup>th</sup> 20\_\_\_\_ or until THE BALDWIN LOFTS has received written notification from me (or either of us) of its termination in such time and manner as to afford THE BALDWIN LOFTS and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NSF FEE of \$30 will be applied in addition to late fees as noted in lease

\_\_\_\_\_  
(Print Individual Name) (Signature)

\_\_\_\_\_  
(Apartment unit #) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM