



ONE TIME DEBIT AUTHORIZATION FORM -ACH ONLY-

I (we) hereby authorize Rams Village to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Account

Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Depository Financial Institution Name			
Name on Account			
Routing Number		Account Number	

Payment Setup Information

Amount		Transaction Date	
--------	--	------------------	--

Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until Rams Village has received written notification from me (or us) of its termination, in such time and such manner as to afford Rams Village a reasonable opportunity to act on it.

Your transaction will be processed on the next business day or no more than 10 business days from the day Rams Village receives this signed form.

Once the payment has been processed you will receive an email providing verification of the payment and a receipt.

Tenant Name		Tenant Unit & Bedroom #	___ - ___ - ___
Payor Name		Payor Phone #	
Payor Driver's License ID#		State	
Payor Signature			
Email for Receipt			
Date			

If wishing to schedule a FUTURE payment, please check the box below and indicate the business day you wish the payment to be processed on:

<input type="checkbox"/> FUTURE Payment	Business Day to Process Payment:	
---	----------------------------------	--

Remit Form Via: Email: am@ramsvillage.com or Fax to (970) 498-0299