



# 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	
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### Authorization

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			

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