ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) the tenant (s) of Lea Holdings LLC hereby aut at the financial institution listed below and, if necess This authority will remain in effect until Lea Holdin afford Lea Holdings LLC and The Financial Institution	ary, initiate adjustments for any transac gs LLC is notified by me (us) in writing	tions credited/debited in error. to cancel it in such time as to
Name of Financial Institution	Branch, Address, City, State	Zip
Financial Institution Routing Number (9 digits)	Account Number	Account Type
These numbers are located on the bottom of your cha	Douting Humber	1234567890123 IF Account Number
Please attach a voided check with	this authorization form so we	can insure accuracy.
I (We) understand that my (our) checking account will be current lease in force and so authorize said debits as they o maintains this bank account for any reason will be treated a	ccur. I (We) understand that charges declined	l by the financial institution which
Lea Holdings LLC is hereby authorized to draw drafts of A monthly rent charges incurred by me (us) in accordance wi specified above, only the balance due is deducted. It is agree	th the current lease in force. If the balance du	
(1) Lea Holdings LLC shall incur no liability if the balance	n the account is insufficient to cover any drai	t upon presentation.
(2) A statement of your bank account from your financial is of the specific amount.	nstitution which lists the debit transactions w	ill constitute a receipt for the paymen
(3) Drafts returned unpaid or marked Non-Sufficient Fund agreement. In addition, Lea Holdings LLC reserves the right returned to us as unpaid or NSF.		
(4) This authorization will remain in effect until such time a writing by tenant 15 days prior to the $1^{\rm st}$ day of each month requesting that ACH payments from their accounts be term written notice to tenants involved.	, or (c) Tenant sends a written request 15 day	rs prior to the 1st of any month
(5) I authorize Lea Holdings LLC to automatically re-enroll payment listed above to reflect the new monthly rent charge	, ,	ewal and to adjust the monthly debit
Tenant Name(s)	Authorized Signature	Date
Tenant Name(s)	Authorized Signature	Date
Tenant Address		