



Automatic ACH Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, please complete the Information below and sign at the bottom. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement as LEASED OFFICE SPACE. You may cancel this automatic credit card billing at any time by contacting us with a written notice.

Account Information (To be filled out by Tenant)

Business Name: _____
Address: _____
Phone Number: _____ Billing Zip Code: _____
Account Type:(savings / checking) _____
Account Holders's Name: _____
Bank/Institutes Name: _____
**Attach a voided check*
Routing Number: _____
Account Number: _____

Payment Information

I Authorize Office Here, Inc. to automatically bill my account listed above as specified:
Amount: _____ Frequency: _____ Start Billing On: _____
**Please include my Quarterly Expense Stops in my automatic payment. Initial _____*
**Please adjust my automatic payment amount when my rent increases. Initial _____*
End Billing When: ___ Contract Expires ___/___/___
 ___ Customer provided written notice

Signature: _____ **Date:** _____