

**Automatic ACH Payment Authorization Form**

Authorize your monthly payment to be processed from your bank account. Complete and sign this form to get started. You may cancel this automatic payment at any time before the next processing date by notifying us in writing. We will not receive this form via email unless the form is sent as a secured attachment. Please contact our office with any questions.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Leased Space / Bldg #: \_\_\_\_\_ Suite #: \_\_\_\_\_

**Account information: Complete below or attach a voided check**

Account Type:(savings / checking) \_\_\_\_\_

Account Holders's Name: \_\_\_\_\_

Bank/Institutes Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Statement Zip Code: \_\_\_\_\_

**Payment Authorization**

I Authorize Office Here, Inc./Ankrum Properties, LLC to automatically process my monthly payment on the 1<sup>st</sup> of each month from the bank account listed above as specified:

☐ Frequency: \_\_\_\_\_ Start Month: \_\_\_\_\_☐ One-Time Payment in the Amount of: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_