



### 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 by notifying us in writing before the 20<sup>th</sup> of the month prior to the next processing date. If an ACH payment is returned and a bank fee is incurred, the fee will be charged back to the Account Holder. 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 below. I understand that this authorization will remain in full force and effect until I notify Office Here, Inc./Ankrum Properties, LLC in writing that I wish to revoke this authorization.

☐ Frequency: \_\_\_\_\_ Start Month: \_\_\_\_\_

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

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

2489 Rice Street, Suite 40 , Roseville, MN 55113-3723

651-482-9668 | [info@officehere.com](mailto:info@officehere.com) | [www.officehere.com](http://www.officehere.com)