



# The Easiest Way To Pay Rent Without Any Fees!

## AUTOMATIC WITHDRAWAL AGREEMENT FOR ACH DEBITS

First Site, LTD  
138 E. Beaufort St.  
Normal, IL 61761  
(309) 888-4444

Date Authorized: \_\_\_\_/\_\_\_\_/\_\_\_\_  
TODAY'S DATE

**Amount to be transferred each month: \$** \_\_\_\_\_

Your individual rent amount. This can be found on your payment schedule which is attached to your lease.

**Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(1st OR 5th of the Month – this is the day of the month the money will be withdrawn. The withdrawal will occur every month hereafter on this day until the end date you select below).

**End Date\*:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(\*This will be the final withdrawal First Site will make, Should be the final month that rent is due on your lease - A new form must be completed if you decide to transfer apartments or resign).

**Apartment Address:** \_\_\_\_\_

This can be found in your lease, under number 1 paragraph A.

I hereby authorize First Site, Ltd, hereinafter called COMPANY, to initiate debit entries for Monthly Rental Payments and to initiate, if necessary credit entries and adjustments for any debit entries in error to the customer account indicated below, and offset by COMPANY's account named below, hereinafter called DEPOSITORY.

### RESIDENT INFORMATION:

Resident Name: \_\_\_\_\_

Name on Account (if different): \_\_\_\_\_

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ABA (Routing) Number: \_\_\_\_\_

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

Account Type:  Checking  Savings

**I agree to surrender to COMPANY an unused and voided personal check** from my bank account as verification for account to be debited, as stated above. **Please attach a blank check and simply write VOID on it.**

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

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

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

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*If your payment is returned due to non sufficient funds, there will be a \$25.00 returned check fee and a 10% late fee when applicable assessed.\*\***

#### FOR OFFICE USE ONLY

Accepted by \_\_\_\_\_ Date Accepted \_\_\_\_\_

Processed by \_\_\_\_\_ Date Processed \_\_\_\_\_