

EFT Payment Authorization Form



8X28, LLC or THE PAWN SHOP APARTMENTS Burlington, VT 05401

TEL: 802-860-7068 FAX: 212 315 2109 info@thehoodplant.com www.thehoodplant.com

in conjunction with Merchants Bank College St. Burlington, VT 05401

It is Convenient! The system is safe and reliable, and your rights with Automatic Bill Payments are protected by State and Federal regulations. **How does it Work?** Once your automatic payments have started, you just note the date and amount in your checkbook. **How do I Sign Up?** Complete and mail the below Automatic Bill Payment Authorization Form. Start enjoying the safety, convenience and savings of this alternative method of paying bills! Any questions, please call **802-860-7068** or email **info@thehoodplant.com**

For my monthly rental payments: _____. I (we) hereby authorize **8X28, LLC** to initiate debit entries to my (our) account indicated below and the **Marchants Bank** to debit the same from such account periodically for scheduled monthly payments as they become due. I (we) hereby authorize **8X28, LLC** to initiate the debit on the 1st day of the month throughout the lease term.

How Preauthorized Debits Work. The transfer date will be the 2nd of the month. The preauthorized charge will be attempted on the transfer date. Funds must be available for withdrawal on the transfer date. If the transfer date is a non-business day the transfer will be processed on the NEXT business day. If the debit is returned by the Financial Institution, the transfer will be attempted again. This will occur until funds are available or **8X28, LLC** terminates this agreement. **8X28, LLC**, may terminate this agreement if any 3 debit entries are returned by the Financial Institution. If a payment is not made before the grace period expires, a LATE CHARGE will be assessed and the next preauthorized debit will include late charges and include multiple payments, for which you will not receive special notification.

Fill in the following account information for the financial institution from which funds will be debited.

Notice: A voided sample check or deposit slip must accompany this form.

Check one: _____
Checking Account #

Savings Account #

Bank Routing Number

Financial Institution (holding deposit account)

Address

City State Zip

Name _____ 010
Street _____
City/State/Zip _____ 20 _____

EXAMPLE CHECK:

Pay to the order of _____
\$\$ _____ Dollars
For _____

:010101010: 1010909090: 010
Routing # Account # Check #

Mail completed authorization form and "Voided Check" or deposit slip to:
8X28, LLC THE HOOD PLANT 187 So Winooski Ave Burlington, VT 05401
FAX: 212 315 2109 info@thehoodplant.com

This authority is to remain in full force and effect until **8X28, LLC** has received written notification from me (or either of us) if its termination in such time and in such manner as to afford **8X28, LLC** and **Merchants Bank** a reasonable opportunity to act on it. I (we) have read, understand, and agree to the terms stated.

Signature _____
Printed Name _____ Date _____
Address: _____

Tel. # _____ Cell # _____ E-Mail _____