

EFT Payment Authorization Form

ANNE ROTHWELL 187 SOUTH WINOOSKI AVE 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's 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 **Anne Rothwell** . to initiate debit entries to my (our) account indicated below and the **Merchants Bank** to debit the same from such account periodically for scheduled monthly payments as they become due. I (we) hereby authorize **Anne Rothwell** . 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 **Anne Rothwell** terminates this agreement. **Anne Rothwell**, 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.

Check one: [] _____
 Checking Account #
 [] _____
 Savings Account #
 _____ **Bank Routing Number**

Financial Institution (holding deposit account)

Address

City State Zip

Notice: A voided Check must accompany this form.

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" to:
ANNE ROTHWELL 187 So Winooski Ave Burlington, VT 05401
OR FAX: 212-315-2109
OR SCAN AND EMAIL TO INFO@THEHOODPLANT.COM

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

Printed Name _____ Date _____

Address: _____

Tel. # _____ Cell # _____ E-Mail _____

Signature _____