

EFT Payment Authorization Form



Hood Residences. THE HOOD PLANT 191 So Winooski Ave #10 Burlington, VT 05401
TEL: 802-860-7068 FAX: 802-860-1414 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 **The Hood Residences** 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 **The Hood Residences** 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 **The Hood Residences** terminates this agreement. **The Hood Residences** 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 sample check or deposit slip 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" or deposit slip to:
The Hood Residences THE HOOD PLANT 187 So Winooski Ave Burlington, VT 05401 FAX: 802-860-1414

This authority is to remain in full force and effect until **The Hood Residences** has received written notification from me (or either of us) if its termination in such time and in such manner as to afford **The Hood Residences** 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 _____