



ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Winnemac Properties to initiate entries to my (our) checking/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Winnemac Properties is notified by me (us) in writing to cancel it in such time as to afford Winnemac Properties and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. A copy of voided check or deposit slip must be accompanied with this document for ACH authorization.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Permanent Address - PLEASE PRINT)

(Phone Number)

(Apartment Number)

Base Rent	_____	Tenant Initial	_____	Management Initial	_____
Other Charge	_____	Tenant Initial	_____	Management Initial	_____
Other Charge	_____	Tenant Initial	_____	Management Initial	_____

TOTAL Amount: \$ _____ (DUE MONTHLY) Beginning Date _____ Ending Date _____

Financial Institution Routing Number: _____

Checking/Savings (circle account type) Account Number: _____

These numbers are located on the bottom of your check as follows:

Routing Number **Account Number**

Verify Voided Check or Deposit Slip Attached _____ Management Initial

Please return to:

Winnemac Properties
4818 N. Damen Avenue
Chicago, IL 60625

(773) 728-9900 phone
(773) 728-9901 fax
diane@winnemacproperties.com