

NAME ON THE ACCOUNT: _____

ACRSD ACCOUNT #: _____

DEBIT AUTHORIZATION FORM

I (we) hereby authorize ACRSD to initiate entries to my checking account 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 ACRSD is notified by me (us) in writing to cancel it in such time to as to afford ACRSD and First Bank Of Berne a reasonable opportunity to act in it.

Name Of Financial Institution

Address Of Financial Institution – Branch, City, State & Zip

Signature

Date

Printed Name

Phone Number

Property Location/Address

Billing Address

Checking Account Number _____

Financial Institution Routing Number _____
(Bottom Left Hand Corner Of Check)

*Authorizing Signature For Payment by Non-Property Owner (If applicable):

_____.

*Debit Transactions will occur on the 7th of the month.