



ACH/DIRECT DEPOSIT PAYMENT AUTHORIZATION FORM

BILLING INFORMATION:

Name as it appears on Bank Account _____

Address as it appears on Bank Account _____

Bank Name _____

Routing # _____

Account # _____

ACH/DIRECT DEPOSIT AUTHORIZATION

Select One Weekly Bi-Weekly Monthly Custom: _____

I certify that I am an authorized owner of the above referenced account and therefore authorize Ohio River Properties, LLC or their authorized transaction agent(s) to charge my bank account indicated above for the rent payment in the amount of \$_____ on the schedule indicated above starting on _____.

Signature _____ Date _____

Print Name/Title _____

Important Notice: In order to cancel this recurring ACH/direct debit transaction, a written notice must be received at least 10 business days prior to the next payment period is required