

PRE-AUTHORIZED PAYMENT PLAN AUTHORIZATION FORM

STEP 1: INFORMATION ABOUT YOU

I/We authorize Grandin Properties to establish a Pre-Authorized Payment Plan to initiate electronic payments to my/our account indicated below, for payment of my/our rent as stated in my/our lease and other agreed upon related charges. I/We also authorize the financial institution named below to charge my/our checking or savings account in payment of my/our rent and related charges. Please credit my/our customer account with this payment.

CLEARLY PRINT THE FOLLOWING: If this unit is leased to and paid for by multiple tenants, then all paying tenants must complete and sign this form, otherwise only the paying tenant is required to complete and sign:

_____ Rental Property Street Address and Unit #

	Resident #1	Resident #2	Resident #3
Name			
Phone #			
Email address			
Type of Account (circle)	Checking / Savings	Checking / Savings	Checking / Savings
Financial Institution Name & Address			
Acct #			
Routing #*			
Initial Amt. to be paid from acct:			

*Routing/transit number is located on the lower left side of check.

STEP 2: STAPLE YOUR VOIDED CHECK or SAVINGS DEPOSIT SLIP

If payment will be from a checking account, write VOID on the “pay to the order of” line of a blank check from the account from which your charges will be paid and staple it to this form. If payment will be from a savings account, please staple a savings deposit slip for that account, preprinted with your account number.


STEP 3: SIGN THE FORM BELOW

I/We hereby grant the authority to Grandin Properties to charge my/our account(s) in accordance with the terms set forth herein and in the “Explanation of the Pre-Authorized Payment Plan” I understand that this authority will remain in full force and effect until Grandin Properties receives written notification from me/us of my/our termination of this service in such time and in such manner as to afford Grandin Properties and my/our financial institution a reasonable opportunity to act on such notification, or by Grandin Properties if two (2) payments are refused or returned due to insufficient funds within a 12 month period.

	Resident #1	Resident #2	Resident #3
Signature:	_____	_____	_____
Date:	_____	_____	_____
Authorized Check Signer, if not tenant	_____	_____	_____

STEP 4: RETURN THE COMPLETED FORM

Completed forms received by the 15th will take effect the 1st of the following month. Submit this form with voided check to:

 Grandin Properties
Attn: Accounts Receivable
1995 Madison Road
Cincinnati, OH 45208