

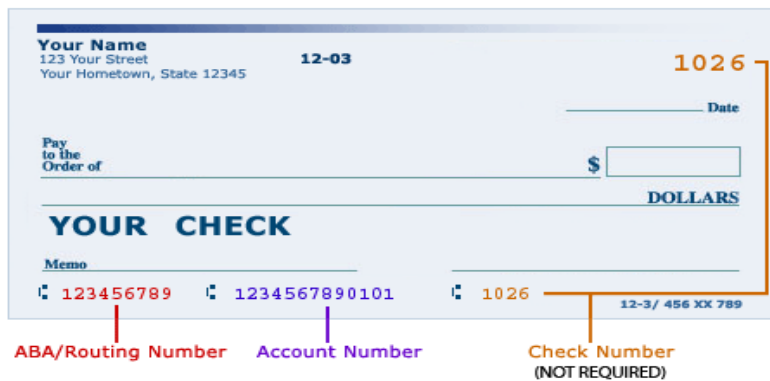
## Automated ACH Bank Draft Payment Enrollment

In order to enroll in the automated one-time and recurring ACH debit plan, please complete and sign the agreement form below.

### Contact Information

|              |  |                 |  |
|--------------|--|-----------------|--|
| First Name   |  | Phone           |  |
| Last Name    |  | Mobile          |  |
| Apartment #: |  | Email Address   |  |
|              |  | Drivers License |  |
| Home Address |  |                 |  |

### Sample Check



### Your Bank Account Information

|  |  |
|--|--|
| Bank Name  |  |
| Account Type   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings                       |
| ABA/Routing Number   |  |
| Account Number   |  |
| Authorized Amount of Each Debit                                      |  |
| Amount<br>\$ _____   | Payment Frequency:<br><input type="checkbox"/> Monthly <input type="checkbox"/> One-Time |
| Repeating Payments Only (Can be changed at any time by notifying us) |  |



|                 |                 |                             |
|-----------------|-----------------|-----------------------------|
| Start Date_____ | End Date: _____ | Date of First Payment:_____ |
|-----------------|-----------------|-----------------------------|

I authorize Connected Property Management LLC ("Company") to initiate debit entries for payment of rent/dues and associated fees each month, and if necessary, to initiate credit entries and adjustments for any debit entries in error to my bank account at the financial institution named above. This authority is to remain in force and effect until the Company has received written notification from me of its termination, in such time and manner as to afford the Company, its ACH processors and the financial institution a reasonable opportunity to act upon it. Any revocation of Company's authority to initiate credits to My Bank Account will not affect Company's right to initiate debits to My Bank Account to correct or adjust a credit processed before my revocation of authority has become effective. I also hereby warrant to Company that I have full legal authority to solely authorize ACH credit and debit transactions to the account listed above.

I agree that I will notify Company at least [15 ]days in advance of a revocation of an authorization, or the changing of bank accounts, or any other action that could result in an NSF or ACH return from my bank. I understand I will be charged a fee of \$25 for all NSF transactions and a fee of \$35 if a stop payment is placed on a transaction through my bank.

My Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Required Documents to Attach**

Please attach a copy of a voided check drawn on the Bank and Account number provided on the prior page.

For inquiries, questions or cancellation/revocation of enrollment, please contact our finance team at:

P: 888-633-8276 x 1  
E: [finance@connectedmanagement.com](mailto:finance@connectedmanagement.com)  
F: 773-913-2579