CONNECTED
Property Management LLC

Direct Payment Authorization Form

Please complete the information below:

I _____authorize **Connected Property Management** to initiate electronic debit entries to my:
(customer name)

____ Checking account ____ Savings account

in the amount of _____for payment of my _____ on a
(enter $). (type of bill)

_____ basis.
(billing frequency)

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION_____

FINANCIAL INSTITUTION ROUTING NUMBER_____

FINANCIAL INSTITUTION CITY AND STATE_____

SIGNATURE_____DATE_____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree to notify merchant in writing of any changes in my account information or termination of this authorization 15 days prior to the due date of the charges. I understand that cancellations must be made in writing and I will not dispute merchant debiting my checking/savings account, so long as the amount corresponds to the terms indicated in this contract.