# ACH Debit Authorization Agreement

Company Name: Professional Equities, Inc. (herein referred to as "Company")

Address: 18433 Edison Avenue
Chesterfield, MO 63005

FAX: 636-519-7211

Company ID Number: 43-0961094

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I (we) hereby authorize Company to initiate debit entries to my (our): (select one)

[ ] Checking Account [ ] Savings Account

Please debit my (our) account for : (select one or more)

[ ] All Charges [ ] Rent & Utilities [ ] Rent Only

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Amounts to be debited each month will be on the 5th of each month. If the 5th falls on a Saturday, Sunday, or holiday, then the payment will be debited on the first business day following the 5th of the month.

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Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (we) reserve the right to revoke or terminate this authorization for the ACH method by giving written notice by the 20th of the month in order to be effective for the 1st day of the subsequent month. I (we) understand that written notice must be mailed or delivered to the Company at the address above only. If I (we) revoke this authorization, I (we) will pay these charges by regular check, certified check, or money order as provided in the Lease Contract.

Resident(s) Printed Name: _____ / _____

Resident(s) Signature: _____ / _____

Resident(s) Address: _____

Resident(s) Rental Account No.: _____

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

ACCOUNT HOLDER IS REQUIRED TO VERIFY BANK ACCOUNT DATA AND ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE.

**For Office Use Only**

Received in Accounting _____ Faxed Acknowledgement to Property _____

**PEI-069 (03/10)**