# Automatic Debit for Monthly Rent Payment Agreement

Please COMPLETE, SIGN and FAX this notice to (310) 400-5826
(PLEASE INCLUDE A COPY OF A VOIDED CHECK)

Date _____

First name

Last name

Property address

Unit #

Work number

Cell number

Amount to be debited on a monthly basis

Date payment to begin

Financial institution

Bank account number

Routing number

☐ Checking ☐ Saving

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Signature section

Signature _____ Email _____ Date _____

Signature _____ Email _____ Date _____

By signing and submitting this form, I (we) acknowledge that I (we) are authorized to use named bank account. I (we) hereby authorize Cambridge Partners, Inc. to initiate debit entries to my (our) bank account indicated at the named financial institution, and to debit said account. I (we) acknowledge that the origination of Automatic Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law. This and authorization is to remain in full force and effect until Cambridge Partners, Inc has received written notification from me (or either of us) of its termination. In such time and in such manner as to afford Cambridge Partners the financial institution a reasonable opportunity to terminate said agreement.