



# Eagle Crest Property Management

73 Main Street • Amherst, MA 01002 • (413) 256-3442 • Fax: (413) 253-0799

http://www.eaglecrestmanagement.com

## Automatic Rent Payment Authorization Agreement

### SECTION 1: ACTION TYPE (CHECK ONE)

NEW SET UP  
(Complete the form)

CHANGE ACCOUNT  
(Complete the form)

CANCEL MY PARTICIPATION  
(Complete \* Sections 1 and 2)

### SECTION 2: PERSONAL INFORMATION AND AUTHORIZATION

\_\_\_\_\_  
Name of your bank, savings & loan, or credit union (Please Print)      CHECKING  SAVINGS  (Check One)

\_\_\_\_\_  
Account Holder Name (Please Print – Last, First, MI)

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Mailing Address for Account (street, city, state, ZIP)

\_\_\_\_\_  
Email Address

### SECTION 3: RENTAL PROPERTY INFORMATION

\_\_\_\_\_  
Rental Address (Please Print Street, Unit, City, State, ZIP)

\_\_\_\_\_  
Tenant Name (if different from name on bank account above)      \$ \_\_\_\_\_  
Monthly Rent (or amount you wish us to deduct each month)

I authorize Eagle Crest Management and the financial institution designated above to deduct my current monthly rent / fees plus a \$1.00 convenience fee from the account designated above on the first day of each month. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the Eagle Crest Office in writing. I understand that Eagle Crest Property Management or my financial institution can also stop my participation in this service without prior notice, and that Eagle Crest may reverse a deduction if it is determined to have been deducted in error. Finally, I understand that if the transaction is rejected due to insufficient funds or a change in my/our bank account information that I have not notified Eagle Crest of, the monthly rent will remain due along with a \$10 NSF fee. Late fees may also apply if the funds are not replenished and our office notified of the same in a timely manner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SECTION 4: ACCOUNT NUMBER CONFIRMATION

**For checking accounts please attach a voided check** so we may record your account information, and return this form to the Eagle Crest Office (fax or scan & email are OK). You will receive an e-mail confirming that your participation in this service has been established. .

**For savings accounts, please have your bank complete and sign this section below:**

\_\_\_\_\_  
Bank Routing Number (For Electronic Deposits)

\_\_\_\_\_  
Savings Account Number

\_\_\_\_\_  
Bank Representative's Signature

\_\_\_\_\_  
Date

### SECTION 5: FOR OFFICE USE ONLY

Staff Initials: \_\_\_\_\_

Confirmation Email Sent

Date of Entry: \_\_\_\_\_