



ACH DEBIT AUTHORIZATION FORM

Name:			
Street Address:			
City:		State:	Zip Code:
Phone:	Fax:	Effective Date: 5th of every month	
Bank Name:			
Bank Street Address:			
City:		State:	Zip Code:
Dollar Amount:		Bank Phone:	
Transit/ABA or Routing #:		Account #:	
<p>I hereby authorize JAPM Inc. dba Armstrong Property Management to initiate debit entries to my account indicated above and I authorize Citizens Business Bank to process said entries.</p> <p>This authority is to remain in full force and effect until JAPM Inc. dba Armstrong Property Management has received written notification from me of its termination in such manner as to afford JAPM Inc. dba Armstrong Property Management and its own financial institution a reasonable opportunity to act on it.</p>			
Authorized Signature:			Date:
Name:			(must be signer on the account)

Please attach a voided check for the bank account allocated for ACH debit payments.

[COMPANY NAME] USE ONLY

Date Received: _____ Received by: _____

Date Processed: _____ Processed by: _____