

ACH RECURRING PAYMENT AUTHORIZATION FORM

Schedule your payments to be automatically deducted from your checking or savings account.

How Recurring Payments Work

You authorize scheduled charges to your checking or savings account. Each billing period, you will be charged the amount indicated below. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice at least 10 days prior to the payment being collected.

Please complete the information:

I (full name) _____ authorize Harman Realty, Inc. to charge my bank account indicated below on the 1st day of each month for payment of my rent beginning _____ (date) in the amount of \$ _____

Billing Address _____ Phone # _____

City/State/Zip _____ Email _____

Account Type: Checking Savings

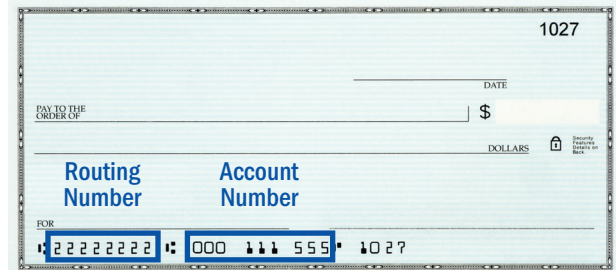
Name on Account _____

Bank Name _____

Account # _____

Bank Routing # _____

Bank City/State _____



PLEASE ATTACH A VOIDED BLANK CHECK

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Harman Realty, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Harman Realty, Inc. may at its discretion attempt to process the charge again within 3 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. If my payment is not successful before the agreed upon late date in my lease I also agree to allow Harman Realty, Inc. to charge my account for the specified late charge. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.