

*Sacia Real Estate Rentals, LLC*  
2809 E. Hamilton Avenue Box 113  
Eau Claire, WI 54701  
Office: 715-832-0133 Fax: 715-833-5388  
[sacia@charter.net](mailto:sacia@charter.net)

### *ACH Authorization Form for Direct Collections*

***Our office must receive all authorizations by the 15<sup>th</sup> of the month prior to first ACH for origination or change. Original form must be received.***

Type of authorization:

- New authorization                       Change amount                       Change banking information  
 Discontinue ACH

*Please Print Your Information, which MUST MATCH information at financial institution:*

Account Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Financial Institution City, State, Zip: \_\_\_\_\_

<p><b>Amount:</b> Monthly Amount: \$ _____ Effective Date: ___/___/___ (mm/dd/yyyy) Day of Month for Charges: 1<sup>st</sup> of the month (Charges may be withdrawn between the 1<sup>st</sup> &amp; 3<sup>rd</sup> of the month.)</p>
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**Checking or Savings** (Circle the Account Type)

*[A voided check may be attached to this form with routing and account information for verification, but is not required. Check will be shredded after 1<sup>st</sup> ACH origination.]*

9-digit Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

I hereby authorize Sacia Real Estate Rentals, LLC to initiate entries to my checking/savings accounts at the financial institution listed above, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Sacia Real Estate Rentals, LLC is notified by an authorized individual **in writing** to cancel it in such time as to afford Sacia Real Estate Rentals, LLC and the financial institution a reasonable opportunity to act on it (15 days). Undersigned represents and warrants that the person executing this release is an authorized signatory on the Account, is authorized to transfer funds on the Account referenced above, and all information regarding the Account and Account Owner is true and correct. NSF fees and rules on lease contract apply. I understand a test transaction in the amount of \$0.00 may be administered to verify account information before start date.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_