

**AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT PAYMENTS (ACH DEBITS)****Select:** ☐ Enrollment ☐ Cancellation ☐ Change

Tenant's Full Name:

Property's Address:

Unit #

I Hereby authorize **Gioia Apartments, LLC** hereinafter to initiate debit entries or credit corrections to my ☐ **Checking Account** or ☐ **Savings Account** in the amount of \$_____ for monthly rent. Your monthly rent will be drafted from your account on the 1st day of each month, If the 1st falls on a weekend or bank holiday, the draft will occur on the next business day. I acknowledge that ACH transactions authorized herein to my (our) account must comply with all applicable U.S. law.

I Further authorize the financial institution named below to debit the payment from my account.

Financial Institution Name:

City

State

Zip Code

Routing/ABA Number:

Account Number:

Account Holder(s) Name:

Account Holder(s) Address

City:

State:

Zip Code:

Account Holder's Telephone Number:

Email:

IMPORTANT: Please attach one of the following items:

1. If you selected **Checking Account Type**, **attach a blank voided check.**
2. If you selected **Savings Account Type**, **attach a voided pre-encoded deposit slip.**

This authorization is remaining in full force and effect until Gioia Apartments, LLC has received 30 days written notification from me to revoke such Authorization and in such manner as to afford the Company and Depository a reasonable opportunity to act on it; in writing by mail to: 17 St. Marks Place, Suite 1, New York, NY 10003. So, that is received by the Depository at least three (3) days prior to the proposed effective date of the termination of the authorization.

Tenant Signature: _____ Date: _____

Account Holder's Signature: _____ Date: _____

Return this form to: Management

17 Saint Marks Place, Suite 1, New York, NY 10003 | Email: management@gioiarealty.com