HORIZON REALTY GROUP
Real Estate Management • Development

Automated Clearing House (ACH) Enrollment Form

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize Horizon Group Management, LLC to initiate debit/credit entries to my (our) account indicated on the attached voided check at the depository financial institution named on such document, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. The authority remains in effect until Horizon Group Management, LLC has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Horizon Group Management, LLC has sent me written notice of termination of this agreement. Furthermore, I authorize Horizon Group Management, LLC to deduct $_____ per month, to begin for the calendar month of _____, 20___ (this form must be received by the 25th day of the month prior to the beginning of the calendar month), for the length of my tenancy. This amount may be adjusted with every renewal thereafter and I authorize and agree that Horizon Group Management, LLC, may make necessary adjustments pursuant to the lease agreement, its riders and/or any renewals thereof. I further understand that it is my responsibility to provide written notice of termination upon the expiration of my lease agreement. Written notice is to be sent to:
Accounting Department, Horizon Realty Group, 4242 N. Sheridan Rd, Ste 120, Chicago, IL 60613.
Manager's Notes: _____.

Contact Information

Payee's Name:
_____

Tenant Name & Tenant Code:
_____

Daytime Phone Number:
(____)_____

Rental Address:
_____ Apt No.: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Required Financial Institution Information

Name of Institution:
_____

Account Type (*select one*):
Checking: ____ Savings: ____ Account Number: _____

Transit Routing/ABA Number:
___ ___ ___ ___ ___ ___ ___ ___ ___
(*See lower-left corner of your checks of call your Financial Institution*)

Attach voided check

For Office Use Only

Approved by _____

Approval Date:_____

ACH INC RENT CREDIT:

$_____

Rvsd 3-7-11 gc