

ACH Collections Information Form

Tenant/Company Name:

Suite/Tag Number _____

"I (we) hereby authorize West Huron Properties, hereinafter called COMPANY to initiate debit entries to my (our) ___ Checking/___ Savings/___ Personal/___ Business accounts at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law."

Depository

Name _____

Branch _____

City _____ **State** _____ **Zip** _____

Routing Number _____

Account Number _____

Amount _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Account Holder(s)(please print)

Suite Number: _____

Date: _____

Signature(s) _____

Note: Debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.