



Authorization for Direct Debit

I/We hereby authorize **Edge Realty Group** to initiate a one-time debit entry from my/our checking/savings account as indicated below in the amount of \$_____ on the _____ day of _____, 20_____.

Name(s) on Account: _____

☐ Checking ☐ Savings

Bank Name: _____

Bank City: _____ **Bank State:** _____

Routing Number: _____ **Account Number:** _____

Your Bank Name		
MEMO _____		
123456789	987654321	10351
Routing Number	Account Number	Check Number

Name(s): *Printed -as appears on your account*

Signature(s): _____

Address: _____

Phone: _____

If the above noted payment date falls on a weekend or Federal holiday, I understand the payment may be executed on the next business day. For ACH debits from my checking/savings account, I understand because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of an ACH transaction being rejected for non-sufficient funds (NSF), I understand EDGE REALTY GROUP may at its discretion attempt to process the charge again and agree to an additional \$27.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify I am an authorized user of this bank account and will not dispute this transaction(s) with my bank, so long as the transactions correspond to the terms indicated in this authorization form.