

One-Time ACH Payment Authorization



Schedule your payment to be automatically deducted from your bank account.

Just complete and sign this form to get started!

Please complete the information below:

I _____ (please print your name) authorize **Lepic-Kroeger, REALTORS** to debit my checking/savings account as a one-time payment in the amount of \$ _____ on the _____ of _____, 20____.

Property Address: _____

☐ **This is a Business Account**
Checking/ Savings Account

☐ Checking	☐ Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	
	

SIGNATURE _____ DATE _____

If the above noted payment date falls on a weekend or Federal holiday, I understand that the payment may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted transaction date.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 that **Lepic-Kroeger, REALTORS** may at its discretion attempt to process the charge again within 30 days and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.