



# HEATH PROPERTIES

**ACH Debit Enrollment Form:**

**ADDRESS:**  
**LEASE AMOUNT**  
**EFFECTIVE DATE:**  
**LEASE END DATE:**

ALL MONTHLY RENTS WILL BE ELECTRONICALLY DEDUCTED FROM AN AUTHORIZED CHECKING ACCOUNT. RENTAL PAYMENTS WILL BE AUTOMATICALLY DEDUCTED ON THE FIRST BUSINESS DAY OF EACH MONTH THROUGH THE TERM OF YOUR LEASE AND ANY EXTENSION THEREOF. THIS FORM IS AN ADDENDUM TO YOUR LEASE AND MUST BE COMPLETED AT THE LEASE SIGNING.

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**Management/Landlord Agent:**  
74 Clarendon Street, Suite A - Boston, MA 02116  
Phone: 617-266-1168 - Fax: 617-266-2948 - E-mail: [office@heathproperties.com](mailto:office@heathproperties.com)

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**Schedule D: ACH Authorization Agreements**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)**

**FIRST NAME ON LEASE:**

**NEW ACCOUNT ENROLLMENT**     **CHANGE**     **CANCELATION**

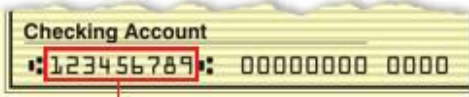
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**Account Information:**

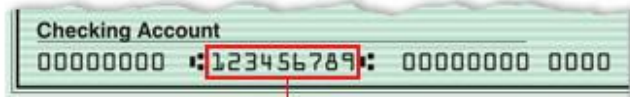
Name (printed): \_\_\_\_\_  Checking  
Account Number: \_\_\_\_\_  Savings  
Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
City, State: \_\_\_\_\_

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**PERSONAL CHECKS**



**BUSINESS CHECKS**



**9 Digit Routing Number**

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I hereby authorize Management/Landlord Agent: \_\_\_\_\_ (Company) and/or **Heath Properties** (Company) to debit the account indicated above. This authorization is to remain in effect until further written notice. I (we) acknowledge that the origination of ACH transactions to the above mentioned account must comply with the provisions of U.S. law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

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Attach Voided Check Here