

Randall Management

ACH Form 2019

ACH PROGRAM

Randall Management is pleased to offer you this complimentary service. Please be aware that you must have a zero balance to start on the program. In the event that your account does not have funds for the draft, your account will be issued an NSF fee of \$25.00. After three NSF drafts in a calendar year, the owner will need to find an alternative method of payment.

1. Complete the form listed below.
2. Mail or fax the completed form to 713-723-0934 along with a voided check from the account that you would like your assessment drafted from each month.
3. Contact Arturo, Dee, Alicia or Raul at 713-728-1126 option 1 to confirm that your form was received and the date of your first draft.
4. Please specify the month that you would like your first debit to start. If the draft sequence has already been initiated, your debit will start the following month. Don't forget to confirm the date of your first debit. **ACH will not begin until your account is current.**

_____/_____
Month/Year

2019 ACH Schedule: 1/8, 2/5, 3/5, 4/8, 5/7, 6/5, 7/8, 8/6, 9/6, 10/7, 11/5, 12/6.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Property Name _____ Acct or Unit # _____

I (we) hereby authorize Randall Management, hereinafter called Company, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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.

Name(s) _____ Phone Number _____

(Please Print)

Date _____ Signature _____

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

6200 Savoy Dr., Suite #420 Houston, TX 77036

Phone: 713-728-1126, Option 1

Email: Collections2@randallmanagement.com OR

Collections4@randallmanagement.com