

**Authorization Agreement for Direct Debit & Credit**  
fax to 727-827-5909 OR email to [accounting@1change.com](mailto:accounting@1change.com)

**Tenant Name:** \_\_\_\_\_ (please print)

**Rental property address:** \_\_\_\_\_

I hereby authorize **New Horizon Real Estate Group**, hereinafter called **Company**, to initiate credit entries and debit entries and adjustments for any credit entries in error to my account.

And the depository named below, hereinafter called **Financial Institution**, to credit and/or debit the same to such account.

**Financial Institution** \_\_\_\_\_

**Branch** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Transit/ABA No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Account Type:** \_\_\_\_\_ **Checking/Draft** \_\_\_\_\_ **Savings/Share**

**Payment Method:**     **Manual OR**  
                                   **Recurring**

***Note: If you choose the manual payment method, you must log in every month to initiate your rental payment. If you choose recurring payments, payments will be automatically debited from your account on the first business day of the month. For either method, if your payment transaction fails due to insufficient funds in your account, a \$25 penalty will apply.***

***(Submit a copy of a voided check from above account with this form)***

This authorization is to remain in full force and effect until **Company** has received written notification from me of its termination in such manner as to afford **Company** and **Financial Institution** a reasonable opportunity to act on it.

I also agree to pay the full balance on my account. Partial payments are considered invalid and will be returned minus the convenience fee.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Email Address (required)**

\_\_\_\_\_  
**Date**