



Carol Genecco – Licensed NYS Real Estate Broker
Co-Owner & Property Manager (315) 719-4332
keukashores@gmail.com

ACH Recurring Payment Authorization Form

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete this form to schedule your monthly rent payment to be automatically deducted from your checking or savings account.

I, _____ authorize **Keuka Shores, LLC** to charge my bank account
(full name)

_____ on the 1st of each month for payment of my rent _____ to _____

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Account Type

- Checking
- Savings

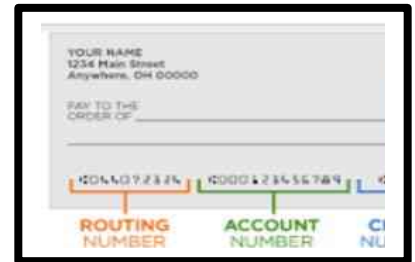
Name on Account: _____

Bank Name: _____

Account Number: _____

Bank Routing #: _____

Bank City/State: _____



Signature: _____ Date: _____

I understand that this authorization will remain in effect until my lease has expired and I cancel it in writing. I agree to notify Keuka Shores, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment occurs on a holiday or weekend, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Keuka Shores, LLC may at its discretion attempt to process the charge again within 30 days and agree to an additional \$30.00 charge (per page 3, # 2 of rental agreement) for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. I agree not to dispute this recurring bill with my bank so long as the transactions correspond to the terms indicated in this authorization form.