



Authorization for Direct Debit  
(ACH Debits)

\_\_\_\_\_ (hereinafter called RESIDENT) hereby authorizes  
\_\_\_\_\_ OAK INVESTMENTS, LLC \_\_\_\_\_ (hereinafter called LANDLORD) to  
initiate Debit entries to RESIDENT's account indicated below on or about the 1<sup>st</sup> day of each month at the  
depository financial institution named below, herein after called DEPOSITORY, and to credit the same to  
such account. RESIDENT acknowledges that the origination of ACH transactions to RESIDENT's account  
must comply with provisions of U.S. law.

LANDLORD agrees to initiate Debit entries for such amounts due as monthly rent under a written lease  
agreement between LANDLORD and RESIDENT. Monthly rent shall be defined as the Base Rent, and any  
applicable Garage Rent, Storage Rent, Sign Rent, and/or Additional Rent due under said lease.

DEPOSITORY Name (Name of Bank): \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Routing/Transit # (9 Digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account (Check One):       Checking                       Savings

This authority is to remain in full force and effect until LANDLORD has received written notification from  
RESIDENT of their termination in such time and in such manner as to afford LANDLORD and  
DEPOSITORY a reasonable opportunity to act: at least two (2) weeks prior to the next scheduled ACH  
transaction. Otherwise, this authority will terminate at such time as the written lease agreement between  
LANDLORD and RESIDENT expires, and RESIDENT is no longer required to make monthly rent payments.  
Additionally, LANDLORD reserves the right to terminate all future Debit entries to RESIDENT's account for,  
any reason whatsoever, with thirty (30) days written notice to RESIDENT.

If insufficient funds exist in the above account to complete the ACH transaction, or if the above account has  
been closed or is non-existent, then the failed transaction will be treated as a NSF payment under written  
lease agreement between LANDLORD and RESIDENT. After two (2) such failed ACH transaction  
LANDLORD shall immediately terminate all future Debit entries to RESIDENT's account.

RESIDENT NAME: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ATTACH VOIDED CHECK HERE