

EFT Payment Authorization Form

Fergessen Mgt., LTD. PO Box 245 S. Royalton, VT 05068 TEL: 802-763-7716 FAX: 888-645-4701
in conjunction with **Northfield Savings Bank PO Box 347 33 S. Main St. Northfield, VT 05663**

It's Convenient! The system is safe and reliable, and your rights with Automatic Bill Payments are protected by State and Federal regulations. **How Does it Work?** Once your automatic payments have started, you just note the date and amount in your checkbook. **How Do I Sign Up?** Complete and mail the below Automatic Bill Payment Authorization Form. Start enjoying the safety, convenience and savings of this alternative method of paying bills! Any questions, please call 802-763-7716.

For my monthly rental payments in the amount of \$ _____ on (unit name): _____.

I (we) hereby authorize **Fergessen Mgt., Ltd.** to initiate debit entries to my (our) account indicated below and the **Northfield Savings Bank** to debit the same from such account periodically for scheduled monthly payments as they become due. I (we) hereby authorize **Fergessen Mgt., Ltd.** to initiate the debit on the 1st day of the month throughout the lease term.

How Preauthorized Debits Work. The transfer date will be the 1st of the month. The preauthorized charge will be attempted on the transfer date. Funds must be available for withdrawal on the transfer date. If the transfer date is a non-business day the transfer will be processed on the NEXT business day. If a debit is returned by the Financial Institution, the transfer will be attempted again. This will occur until funds are available or **Fergessen Mgt., Ltd.** terminates this agreement. **Fergessen Mgt., Ltd.** may terminate this agreement if any three debit entries are returned by the Financial Institution. If a payment is not made before the grace period expires, a LATE CHARGE will be assessed and the next preauthorized debit will include late charges and include multiple payments, for which you will not receive special notification.

Fill in the following account information for the financial institution from which funds will be debited.

Check one: [] _____
Checking Account #

[] _____
Savings Account #

Bank Routing Number

Financial Institution (holding deposit account)

Address

City State Zip

Notice to Customer: A voided sample check or deposit slip must accompany this form, in addition to your initial payment.

Routing and Account Numbers

Name _____ 010
Street _____
City/State/Zip _____ 20

EXAMPLE CHECK:

Pay to the order of _____ \$\$
_____ Dollars

For _____

:010101010: 1010909090: 0909

Routing # Account #

This authority is to remain in full force and effect until **Fergessen Mgt., Ltd.** has received written notification from me (or either of us) if its termination in such time and in such manner as to afford **Fergessen Mgt., Ltd.** and **Northfield Savings Bank** a reasonable opportunity to act on it. I (we) have read, understand, and agree to the terms stated.

Signature _____ Printed Name _____ Date _____

Address: _____

Tel. # _____ Cell # _____ E-Mail _____

Please attach a voided check if checking account is selected. Mail completed authorization form and sample "Voided Check" to:
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