

ACH Debit will begin from my account on _____, 20_____.

I, _____ hereby acknowledge my understanding that Crowne Polo Apartments will deduct from my checking account each month on the 1st day of the month. I hereby acknowledge my understanding that in the event that the funds are not available at this time that this will be considered a NSF payment. That Crowne Polo Apartments will not attempt a second debit from my account for this month again. I will be notified that I will need to pay my rent by cashiers check or money order for the month attempted and if not paid by the opening of business day of the 6th day of the month that I will be responsible for late fees per my lease agreement.

I also acknowledge my understanding that after the 2nd time a debit is attempted that Crowne Polo Apartments will notify me that they are canceling my ACH Debit agreement.

Amount of rent to be deducted monthly \$_____

Rent \$ _____
Garage \$ _____
Pet \$ _____

FOR OFFICE USE ONLY

January 20__	\$ _____	July 20__	\$ _____
February 20__	\$ _____	August 20__	\$ _____
March 20__	\$ _____	September 20__	\$ _____
April 20__	\$ _____	October 20__	\$ _____
May 20__	\$ _____	November 20__	\$ _____
June 20__	\$ _____	December 20__	\$ _____