

# Westerfield North Cooperative

822 N Clinton St Olathe, KS. 66061

**Questions?** Click here: [westerfieldnorth@gmail.com](mailto:westerfieldnorth@gmail.com)

## RECURRING DEBIT AUTHORIZATION FORM

I, \_\_\_\_\_ hereby authorize Westerfield North Cooperative to initiate debit entries to the account indicated below for the purpose of rent payments. If this item is returned unpaid, I authorize an additional returned item fee to be debited from this account. Furthermore, I assert that I am the owner or an authorized signer of this bank account. The effective date of this authorization is \_\_\_\_\_.

### Checking or Savings Account Information

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution Name:		
Name as it appears on the Account:		
Routing Number:		Account Number:

**NOTE:** Please return with a voided check in order to verify the routing number, account number above are accurate and the bank account and resident information are correct.

### Select Debit Parameters

<input type="checkbox"/> I approve the <b>same rental amount</b> to be debited each month*:	\$		
<input type="checkbox"/> Or, I approve varying amounts between a range of:	\$	&	\$
<input type="checkbox"/> Or, I approve varying amounts not to exceed:	\$		
Number of Payments: 12 or _____	<b>12 minimum</b>	Or Indefinitely	<input type="checkbox"/> (check here)
Frequency of Payments:	<input type="checkbox"/> Monthly (check here)		
Effective date the payment will occur on: ____/____/____	<b>*FULL MONTHLY RENT PAYMENT ONLY WILL BE ACCEPTED, NO PARTIAL PAYMENTS WILL BE PROCESSED.</b> "Same rental amount" must be full rental pymt. Thank you.		

### Authorization Signatures

This authorization is to remain in full force and effect for the number of payments authorized above or until Westerfield North has received written notification from me (or us) of its termination, in such time and such manner as to afford Westerfield North a reasonable opportunity to act on it.

Name:	
Signature:	
Date:	
Name:	
Signature:	
Date:	

(If you owe late fees or work order charges, and you set up for same rental payment amount only, you will need to make these payments by check or as a one-time manual payment on the portal.)

Print this form, complete, sign and print and drop in the mailbox with a voided check. If you cannot print, please email and we will send you a copy in the mail.

**\*\* FEES ARE WAIVED IF YOU SET UP YOUR RECURRING PAYMENT WITH THIS FORM.\*\***