

Fan Apartments, Inc.  
P.O. Box 5541  
Richmond, VA 23220  
Payment Office: (804) 358-1948 Email [fanapartmentsbooks@aol.com](mailto:fanapartmentsbooks@aol.com)

## **INSTRUCTIONS FOR AUTO-DRAFT FORM**

1. Print & Fill out the form below
2. Sign (no electronic signatures)
3. Scan or take a picture of your completed form and email to [fanapartmentsbooks@aol.com](mailto:fanapartmentsbooks@aol.com)

\*Allow 3 weeks for initial setup

Please call or email the Payment Office with any questions.

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**Consumer Authorization for Direct Payment via ACH Debit**

Direct Payment via ACH is the transfer of funds from a consumer's account for the purpose of making a payment.

I \_\_\_\_\_ hereby authorize Fan Apartments, Inc to electronically debit my account and, if necessary, to electronically credit my account to correct erroneous credits. I agree that ACH transactions I authorize comply with applicable law.

APT# \_\_\_\_\_

Street Address \_\_\_\_\_

Richmond

Virginia

2322\_

City

State

Zip

Checking Savings (Select one)

Depository Financial Institution \_\_\_\_\_

Name on Account: \_\_\_\_\_

Address on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

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

Amount of debits: \_\_\_\_\_

Email: \_\_\_\_\_

Dates and/or frequency of debits \_\_\_\_\_ 1<sup>st</sup> of the month \_\_\_\_\_

I understand that this authorization will remain in full force and effect until I notify Fan Apartments, Inc. in writing that I wish to revoke this authorization. I understand Fan Apartments, Inc. requires at least 10 days prior notice from the effective date of the transactions in order to cancel this authorization.

Signature \_\_\_\_\_

Date \_\_\_\_\_