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# **MEMO-Letter**

**amber properties co.**

**amber apartments**

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Clawson, Michigan 48017-3005

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040310-0174

To: All Amber Apartments Tenants  
Royal Oak, Clawson, Berkley, Troy

**Subject: Automatic Debit/Electronic Rent Payments**

For your convenience and in response to many tenant requests, we will begin to offer an Automatic Debit/Electronic Rent Payment option for both existing and new tenants.

If you would like to take advantage of this convenient option, please complete and sign the brief bank authorization printed on the back of this memo, identifying the name and address of your financial institution, the Transit/ABA Routing Number, and your checking or savings account number. If it is a checking account, please also provide a copy of a voided check with your authorization.

Please note that your authorization will remain in effect until written notification is received from you terminating your authorization, with a reasonable period allowed for us to implement your instructions. We will process all Automatic Debit/Electronic Rent Payments on the first day of every month; if the first of the month falls on a Saturday, Sunday, or holiday we will process them on the next business day.

Thank you in advance for considering this very convenient time and potential money savings rent payment option, which we think offers all Amber Apartments tenants a hassle-free way to routinely pay rent every month.

**amber properties company**

(See Bank Authorization on Reverse)

**Authorization Agreement For Automatic Debit  
(ACH DEBIT)**

Tenant Name(s) \_\_\_\_\_

Tenant Address \_\_\_\_\_

I (We) hereby authorize Amber Properties Company to initiate debit entries to my (our)  
Checking Savings account indicated below at the Financial Institution named below:

Financial Institution Name \_\_\_\_\_

Address or Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Month Electronic Debit to Commence \_\_\_\_\_

***Please attach a voided check for your account to this authorization. Do not provide a deposit slip.***

This authorization is to remain in full force and effect until Amber Properties Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Amber Properties Company and your Financial Institution a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_  
(Please Print)

Signed   x   \_\_\_\_\_ Signed   x   \_\_\_\_\_ Date \_\_\_\_\_

**Below For Office Use Only:** \_\_\_\_\_

Tenant Identification Number \_\_\_\_\_

Rent Amount \_\_\_\_\_ Date Auto Debit Entered \_\_\_\_\_

Date Comments Updated \_\_\_\_\_ Date File Folder Updated \_\_\_\_\_