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# MEMO-Letter

**amber properties co.**

**amber apartments**

380 N. Crooks Road

Clawson, Michigan 48017-3005

(248) 280-1700

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090121-0174

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 offer an Automatic Debit/Electronic Rent Payment option for both existing and new tenants.

*Up to two (2) accounts may be specified for Automatic Debit for the same apartment with equal (or different) rent amounts provided that all rent for that apartment is debited electronically.*

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(s) and address of your financial institution(s), the Transit/ABA Routing Number(s), and your checking or savings account number(s). If checking account(s) are to be debited, please also provide a copy of voided check(s) 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. All Automatic Debit/Electronic Rent Payments are the first day of every month; if the first of the month falls on a Saturday, Sunday, or holiday account debits are 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(s) Address \_\_\_\_\_

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

**Account Holder #1\***

Tenant Name \_\_\_\_\_  
(Please Print)

I hereby authorize Amber Properties Company to initiate debit entries to my:

Checking  Savings account indicated below at the Financial Institution named below:

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

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

**Account Holder #2\***

Tenant Name \_\_\_\_\_  
(Please Print)

I hereby authorize Amber Properties Company to initiate debit entries to my:

Checking  Savings account indicated below at the Financial Institution named below:

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

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

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

\*This authorization is to remain in full force and effect until Amber Properties Company has received written notification of its termination in such time and in such manner as to afford Amber Properties Company and your Financial Institution(s) a reasonable opportunity to act on it. *If more than one account, debit amounts are divided equally unless otherwise directed:*

\_\_\_\_\_

Tenant Name #1 \_\_\_\_\_ Tenant Name #2 \_\_\_\_\_  
(Please Print) (Please Print)

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

**Below for Office Use Only:**

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

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

Date Comments Entered and File Folder Updated \_\_\_\_\_