



ACH AUTHORIZATION FORM

Debit Authorization

I (we) hereby authorize Armstrong Car Park to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Debits occur starting on _____ and on the 1st day of each month following for the amount of _____. This authority will remain in effect until Armstrong Car Park is notified by me (us) in writing to cancel 10 days prior to the 1st day of the month to allow Armstrong Car Park and the financial institution a reasonable opportunity to act on it. Any returned transactions will be subject to a \$25.00 fee.

Name of Financial Institution

Address of Financial Institution – Branch, City, State, Zip Code

Financial Institution Routing Number

Checking/Savings Account Number

Type of Account: (Checking, Savings, Business Checking) _____

Name (Please Print)

Signature

Date

The Routing Number and Account Number are located on the bottom of your check in the following manner:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

****Please include a copy of a voided check with this application.**