

**Checking or Savings Account Debit:** I/we authorize Jones Management Group, LLC ( "JMG") to initiate debit entries to our checking or savings account indicated below and I/we authorize the Banking Institution ("BANK") named below, to debit the same such account. I/we further authorize JMG to initiate credits to my (our) account to correct any errors, and the BANK to initiate any such corrections to my (our) account. This authority may be canceled at anytime by JMG. This authority is to remain in full force and effect until JMG has received written notification from me (or either of us) of its termination in such time and in such manner as to afford JMG a reasonable opportunity to act on it prior to debiting the account, but said **cancellation shall be effective no later than five (5) business days after receipt of request.**

Checking Account \_\_\_ **OR** Savings Account \_\_\_

NAME(s) on Account: \_\_\_\_\_

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

Bank Routing Number: \_\_\_\_\_

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

Please debit my account \$ \_\_\_\_\_ on the first day of each month, beginning \_\_\_\_\_ 20 \_\_\_\_\_.

All amounts will be debited on the 1<sup>st</sup> day of each month unless agreed in advance by JMG to an alternate debit date in writing. In the event the 1<sup>st</sup> day of each month is not a standard banking day, the debit will occur on the next available banking day.

JMG will not be liable for my failure to have adequate funds in my/our account on the scheduled debit day nor for any fees that may be assessed by my bank or any consequential damages or fees assessed as a result of my failure to do so. If I am no longer a customer of JMG, it is my obligation to notify JMG in writing and it is JMG's sole obligation to refund any amounts debited. Returned ACH will incur a fee of \$50.00 and you authorize us to re-run the ACH and add the \$50 NSF fee to the ACH.

If this is for a one time debit only please list date and amount here \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please scan and email this signed form along with a copy of a voided check to [davidjones10@gmail.com](mailto:davidjones10@gmail.com) or fax toll free to 1-888-415-4095. REV 062013

**THIS WILL NOT BE PROCESSED UNTIL A COPY OF A VOID CHECK IS ATTACHED OR RECEIVED. A DEPOSIT SLIP IS NOT SUFFICIENT.**

**THIS FORM MUST BE RECEIVED 5 BUSINESS DAYS before the month it is to begin. This form is for recurring rent payments only, no other fees or application fees.**