ACH Authorization Form

The undersigned listed below hereby authorizes WILJEFF, LLC (THE COMPANY) at 400 Park Point Drive Rochester, NY to initiate entries from my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) for the dollar amount and frequency listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the LEASE END DATE listed below or until THE COMPANY is notified by me (us) in writing at the above address to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Tenant Name: _____

Account Owner Name: _____

Account Owner Address: _____

Account Owner Email Address: _____ Phone Number: _____

Name of Financial Institution: _____

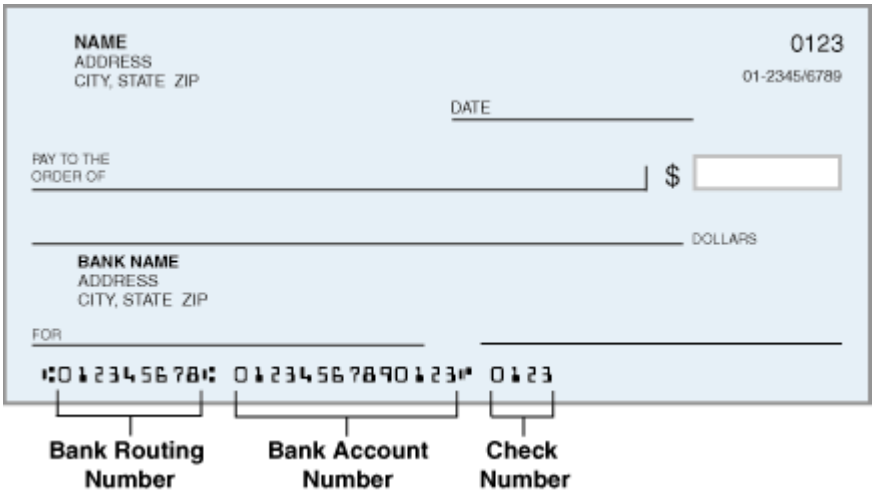
Bank Routing Number: _____ Account Number: _____

Account Type (circle ONE): CHECKING SAVINGS

Dollar amount: _____ Frequency: MONTHLY

Lease Begin Date: _____ Lease End Date: _____

Signature: _____ Date: _____



*(For office use only) Tenant ID:*_____