

**Automatic Debit Authorization Form**  
Please fill out and return to the office with a VOIDED check.

I authorize **ARCOVIA PROPERTIES** and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustment for any debit entries in error to my:

Checking Account

Savings Account

each rental due date. This authority will remain in effect until I have cancelled in writing.

Date: \_\_\_\_\_

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
SIGNATURE

**TRANSIT ROUTING NUMBER**

**ACCOUNT NUMBER INFORMATION**

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Note: Only 9 digits in Routing Numbers