

ARI-EL ENTERPRISES, INC.
ACH PAYMENT INFORMATION AND AUTHORIZATION FORM

LEASE INFORMATION

TENANT NAME: _____

TENANT BUSINESS ADDRESS: _____

LEASED ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

TOTAL MONTHLY PAYMENT \$ _____

EFFECTIVE DATE: _____

LEASE EXPIRATION DATE: _____

PLEASE COMPLETE INFORMATION BELOW AND ATTACH A VOIDED CHECK OR PREPRINTED DEPOSIT SLIP

FINANCIAL INSTITUTION: _____

ADDRESS: _____

NAME ON ACCOUNT: _____

ACCOUNT NUMBER: _____

ABA (Routing) NUMBER: _____

Ari-El Enterprises, Inc. is hereby authorized and directed by Tenant to initiate debits to the account named above, electronically or by any other commercially accepted method, for the amount of the monthly payment due on the Lease listed above. This authorization shall remain in effect through the Lease expiration unless terminated earlier at the Tenants written request.

TENANT (Print business name): _____

BY: _____
Authorized Bank Signer, Print Name:

ITS: _____

DATE: _____