For office use only:	JCHiggins Associates A DNA INVESTMENTS INC. COMPANY Real Estate Leasing & Management Solutions ACH Authorization Form	Resident Please Select One: New To ACH Program Bank Change Date Change Increase
Name:	JCHA ID Number:	
Email Address:	Manager:	
Property Address:		
CREDIT/DEBIT AUTHORIZATION		
Please note: If ACH comes back as non-sufficient funds (NSF), we reserve the right to withdraw multiple times until successful. Late Fee/NSF fee's do apply and will be added to next withdraw. Please see ACH Addendum for more info.		
I (we) hereby authorize JC Higgins & Associates (the managing agent of our rental unit/home) 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. This authority will remain in effect until JC Higgins & Associates is notified by me (us) in writing to cancel it in such time as to afford JC Higgins & Associates and the financial institution a reasonable opportunity to act on it.		
Name of Financial Institutio Address of Financial Institut		
Financial Institution Routing Number:		
Checking/Savings (Circle Account Type) Account Number:		
Set Amount: \$ Current Ra	ate Maximum Current Rate+ Amount: (Late/NSF Fees)	
Preferred Monthly Transaction Date: 1st 5th Start Date:		
Signature:	Date:	
	John Smith 123 Ary Street 123 Ary Street 123 Ary Street 123 Ary Street 124 DATE PAY TOTHE OF Vour Financial Institution Address of Your Financial Institution Cly State 1234 56 78 91: * 1 234 56 78* 100 1 ank Routing Number Account Number	