

Direct Deposit Form

I authorize ABL Incorporated to initiate debits to my checking or savings account. ABL Incorporated is authorized to debit rent payments and any additional fees required per the terms of my lease agreement. The amount debited may be adjusted as necessary if the lease agreement is modified or fees are incurred as part of the agreement. This authority will remain in effect until I notify them in writing at least two weeks prior to the next settlement date.

(Signature)

(Date)

(Bank Account Holder Name-Please Print)

(Bank Account Holder Address-Please Print)

(Mobile Number)

Rent Amount to be debited: \$ _____

Scheduled Day of the Month: 5th

Calendar date of first monthly payment to be debited: _____

Account Type (circle one): Checking Savings

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Please attach a voided check to verify bank name, routing number, and account number.

Tape Voided Check Here

Post Office Box 9400
Rapid City, South Dakota 57709
(605) 388-2048