



LETORT ESTATES

ACH Tenant Payment Agreement

LeTort Estates, LLC is pleased to offer you a Direct Rental Payment Program. Please see below for more information.

How it works:

You authorize your rent payments to be made directly from your checking or savings account. Then, just sit back and relax. **Your monthly rent will be paid automatically on the 1st of the month.** Proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Rental Payment Program is dependable, flexible, convenient, and Easy!

How it Helps:

- Saves you time writing checks
- Rent is always submitted on time
- Saves you postage
- Easy to sign up for and easy to cancel
- No more late fees
- No more lost checks in the mail

If you are interested in the Direct Rental Payment Agreement, please complete the attached document with a voided check and submit back by mail As Soon As Possible.

If you have any questions about this program, we ask that you contact us during normal business hours Monday-Friday 8am-5pm.

Best Regards,

Alicia Fisher
Management
LeTort Estates, LLC



LETORT ESTATES

DIRECT DEBIT PAYMENT AUTHORIZATION FORM

Company Name: LeTort Estates, LLC

Company Tax ID #: 88-1200109

I authorize LeTort Estates, LLC, hereinafter called COMPANY, to initiate debit entries of my Checking Account indicated below at the financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions debited in error.

Financial Institution _____ **Branch** _____
City _____ **State** _____ **Zip** _____
Routing/ Transit Number _____ **Account number** _____

This authorization will remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I understand that if LeTort Estates, LLC tries to draft funds for rental payments from the account noted above, and there are not sufficient funds to cover said draft, it will be handled in the same manner as a non-sufficient check and subject to fees per the terms of my lease. After a second non-sufficient funds draft, I will be dropped from the Direct Rental Payment Program. All payments will be made by certified funds for a period of six months at which time my Property Manager will determine if I can be reenrolled in the program. All outstanding amounts owed on the rental account will be drafted from the authorized bank account.

Customer Name _____ **SSN** _____
Please Print

Customer Signature _____ **Date** _____

Building and Unit #: _____ **Rent Amount:** _____

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK TO THIS FORM

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123⑆

ROUTING NUMBER **ACCOUNT NUMBER** **CHECK NUMBER**

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