

Debit Authorization – EFT FORM

*For rent payments to the Authorized Party
In conjunction with Northfield Savings Bank P.O. Box 347, 33 South Main Street, Northfield, VT 05663*

I (we) hereby authorize GREEN CASTLE GROUP, LLC, its successors and assigns, (collectively, "Authorized Party") to initiate debit entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below (hereinafter called financial institution) to debit the same from such account periodically for scheduled monthly payments as they become due in the amount of \$ _____ for my rent payments at _____ (property address). I (we) hereby authorize the Authorized Party to initiate the debit on the 1st day of the month (see **How Preauthorized Debits Work** below) beginning June 1, 20____ and continuing on the 1st of every month through May 1, 20____.

How Preauthorized Debits Work: The Transfer date will be the 1st of the month. The preauthorized charge will be attempted on the transfer date. Funds must be available for withdrawal on the transfer date. If the transfer date is a non-business day, the transfer will be processed on the NEXT business day. If a debit is returned by the Financial Institution, the transfer will be attempted again. This will occur until funds are available or Authorized Party terminates this agreement. Authorized Party may terminate this agreement if any three debit entries are returned by the Financial Institution. If a payment is not made before the grace period expires, a LATE CHARGE will be assessed and the next preauthorized debit will include late charges and include multiple payments, for which you will not receive special notification.

This Authorization may be assigned by Authorized Party by written assignment. This Authorization shall be binding upon and shall inure to the benefit of Authorized Party and the successors and assigns of Authorized Party. Upon the effective date of any assignment, Authorized Party shall be released from any obligations hereunder.

I (we) acknowledge that the origination of ACH transactions from my (our) account(s) must comply with the provisions of the U.S. Law.

Complete this information about the checking/savings account and financial institution from which funds will be debited.

Account Holder/Name on the Account: _____

_____	_____
Financial Institution (holding the deposit account)	Routing Number
	Check one
	<input type="checkbox"/> = Checking _____
	Account Number
	<input type="checkbox"/> = Savings _____
	Account Number

This authority is to remain in full force and effect until AUTHORIZED PARTY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AUTHORIZED PARTY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) have read, understand, and agree to the terms stated.

Signature _____ Date _____

Print Name: _____

Telephone Number (home/cell) _____ Telephone Number (Work) _____

Please attach a voided check if checking account is selected. Mail completed authorization form and sample "Voided Check" to:
Green Castle Group, LLC, P.O. Box 4484, Burlington, VT 05406-4484. **FAX TO: 802-652-1405.**

Routing and Account Numbers

Name	010
Street	
City/State/Zip	_____ 20 _____
Pay to the order of	_____ \$\$
	_____ Dollars
For	_____
:010101010:	1010909090: 0909

Routing #

Account #