

BlackHillsForRent.com
Post Office Box 318 Black Hawk, South Dakota 57718
Office: (605) 347-9505 Fax: (605) 720-9505

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)

(Name-Please Print)

(Address-Please Print)

(Mobile Number)

Rent Amount to be debited: \$ _____

Scheduled Day of the Month: _____ (Must choose 1st, 2nd, 3rd, 4th, or 5th)

Calendar date of first monthly payment to be debited: _____

Account Type: Checking Savings

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

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

Attach Voided Check Here