



40 Gotham Drive, Suite D, Red Lion, PA 17356  
717-889-0515 | [www.yorkHGproperties.com](http://www.yorkHGproperties.com)

## ACH Authorization Form

By completing the form below, you authorize regularly scheduled charges to your account. You will be charged the amount indicated below each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, \_\_\_\_\_, authorize **York H-G Properties** to charge the account on the 1<sup>st</sup> of the month that charges are due as indicated below:

- \$ \_\_\_\_\_ (Specific Amount)
- Pay the balance in full, not to exceed \$ \_\_\_\_\_

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Account Details

Account Holder's Name \_\_\_\_\_  
 Account # \_\_\_\_\_ Routing #: \_\_\_\_\_  
 Zip Code \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify York H-G Properties in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this account and will not dispute these scheduled transactions as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Account Holder's Signature)

