

AUTHORIZATION
AGREEMENT FOR PRE-
AUTHORIZED PAYMENTS
(ACH Credit and Debits)



Fax # 828-743-4552
Phone # 877-747-9234

I (we) hereby authorize Landmark Vacation Rentals to initiate debit and credit entries to my (our) Checking or Savings account (select one) indicated below and the depository (bank) name below, hereinafter “**Depository**”, to debit or credit the same to such account. I further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

Date: _____ Amount \$ _____

Bank/Depository Name: _____

Account Holder’s Name(s): _____

Account Number: _____

Routing (Transit/ABA) Number: _____

Check Number: _____ VOIDED CHECK MUST ACCOMPANY COMPLETED FORM

Check Memo: _____

Account Holder’s Telephone: _____

Account Holder’s Street: _____

City: _____ State: _____ Postal Code: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Account Holder’s Signature: _____ **Date:** _____

Please return form along with voided check to Landmark Vacation Rentals Fax:

For Office Use Only:

Reservation ID: _____ Reservationist: _____

Guest Name if different from Account Holder: _____

Check in Date: _____ Property: _____

Date check Posted/WCC: _____ Posted By: _____