



ACH Recurring Payment Authorization Form

I, _____ (company name) authorize **Mars Equities, Inc.** to charge my bank account indicated below on the **1st day** of each **month** for payment per my Lease Agreement. This includes Base Rent, Common Area Maintenance, and Real Estate Taxes.

Company Name: _____

Contact: _____ Title: _____

Billing Address: _____ Phone: (_____) _____

City, State, Zip: _____ Cell: (_____) _____

Email: _____

Account Type: Checking Savings

Name on Acct: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Bank City, State: _____

Signature: _____

Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Mars Equities, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Mars Equities, Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$35** charge for each attempted returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law. I agree not to dispute these schedule payments with my bank so long as the transaction corresponds to the terms indicated in this form.

Please attach a voided check to this form and mail to:

Mars Equities, Inc.
Attn: Beth Nolan
150 Harvester Drive, Ste 100
Burr Ridge, IL 60527