



ONE-TIME ACH DIRECT DEBIT FORM

Money is transferred from one bank account to another by Electronic Funds Transfer (EFT) utilizing the Automated Clearing House (ACH) Network governed by the Federal Reserve System and the National Automated Clearing House Association (NACHA).

*** A \$15.00 —ONE-TIME PROCESSING FEE WILL BE ADDED TO THE PAYMENT AMOUNT ***

Borrower Information					
SLS Account No.		*Authorized Payment Amount		\$	
Property Address					
City		State		Zip Code	
Email		Phone Number			

Banking Account Information (Bank accounts must be titled exactly as your account with SLS.)					
Account Name(s)					
Bank Name					
Account Type	Checking <input type="checkbox"/> Savings <input type="checkbox"/>				
Bank Address					
City		State		Zip Code	
Routing Number			Account Number		

These numbers are located on the bottom of your check as follows:

Routing Number Account Number

I(We) authorize SLS to initiate ACH transactions to my/our account indicated in accordance with the provisions of U.S. law and understand if this payment is returned due to Insufficient Funds (NSF) or an invalid Checking Account #, I (we) are subject to a \$45 NSF Fee.:

Borrower Signature		Borrower 2 Signature	
Print Name		Print Name	

Please complete this form and SUBMIT A VOIDED CHECK and email to LSS@slsbox.com

An email confirmation will be sent via email.