



management | development | sales

steiner realty inc
121 edgewood avenue
pittsburgh pa 15218
412.242.0273 fax 412.242.0287
www.steiner-realty.com

ACH (Direct Debit) AUTHORIZATION

TENANT CODE: _____

ACCOUNT HOLDER NAME: _____ BANK NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

I have attached a copy of a voided check drawn on this account.

Please initial and complete the selection(s) you wish to apply. All transactions will be processed between the 1st and 5th of each month and a copy of a voided check drawn on the account named above must be attached.



INITIALS

_____ This is a one time transaction in the amount of \$ _____

_____ Please charge my RENT monthly *(Landlord will fill in amount)* \$ _____

_____ Please charge my PARKING monthly *(Landlord will fill in amount)* \$ _____

_____ Please charge my OTHER fees monthly *(Landlord will fill in amount)* \$ _____
Other fees include, but are not limited to, A/C rental or usage, utilities, pet privilege, late fees, etc.

TOTAL \$ _____



I authorize Steiner Realty, Inc. to process the above transaction(s).

Account Holder Signature

Date

Apartment Building

Apartment #

For Steiner Realty, Inc. use only

Date Processed _____ Total Transaction Amount Processed \$ _____

Person Processing Transaction _____ Authorization Code _____

Batch Total \$ _____

TOTAL # of Transactions _____ = _____ + Report Fee _____ = \$ _____

Please print the form for your records, then MAIL or FAX to (412) 242-0287