



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (company) to initiate entries to my (our) checking/savings accounts at the financial institution _____ (bank). This authority will remain in effect until _____ (company) is notified by me (us) in writing to cancel it in such time as to afford _____ (company) and _____ (bank) a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution

Routing Number

Account Number

Type of Account: Checking Account

Savings Account

\$ _____
Amount Pulled

Start ACH Withdrawal Date

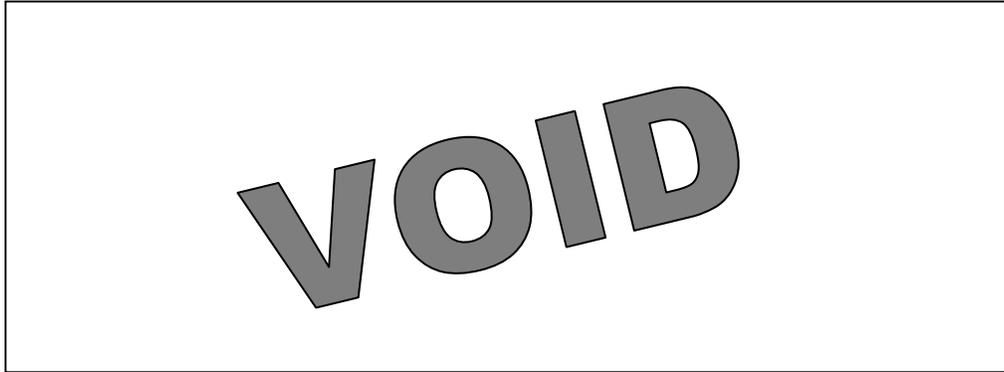
Print Name

Date

Signature

Date

Rental Address



*****PLEASE PROVIDE A COPY OF A VOIDED CHECK*****