## **DIRECT DEBIT AUTHORIZATION FROM TENANT**

Name:			
Rental Address:			
City, State & Zip:			
Home Phone:			
Work Phone:			
Bank Name:			
Account #:			
ABA/Routing #:			(9 digits)
Circle one:	Checking or Savings	Starting Date: _	
above (debit) for rent first business day of the owing are paid in full designated above in the funds for withdrawal Management Group, minimum of 30 days Group, Inc. reserves to more returned drafts f	charges under my currer he month, until I vacate the I and to initiate corrective he event debit entries are con the first day of each Inc. with a written cance before such cancellation the right and may cancel for any reason whatsoever	nt lease agreeme e subject premise reversal entries originated in erro month. I will p llation notice of n will become e this authorization . Any drafts retur s Agreement is	the bank account designate ent and any extensions, on the es or until all balances due and (credits) to the bank account. I further agree to guarante provide my bank and Premie this bank draft authorization effective. Premier Management in the event of any two (2) of the med will be subject to NSF fee an Addendum to the Leas
, igreement.		For Of Rent \$	fice Use Only:
		Debit Start	
Signature		Lease Start	<del></del>
		Lease Expire	
Date		Manager <sub>-</sub>	<del></del>

## ATTACH A BLANK CHECK WITH THE WORDS "VOID" WRITTEN ON IT.

(Must be a check  $\underline{\mathsf{NOT}}$  a deposit slip)