



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (company) to initiate entries to my 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.

New Setup	<input type="checkbox"/>	Change financial institution	<input type="checkbox"/>
Cancellation/Stop	<input type="checkbox"/>	Change account number	<input type="checkbox"/>
Other	<input type="checkbox"/>	Change account type	<input type="checkbox"/>

Name of Financial Institution

Routing Number Account Number

Address of Financial Institution

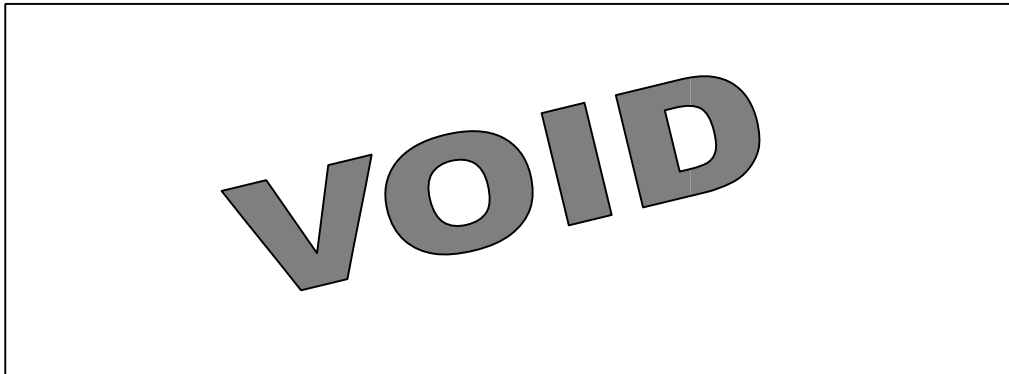
Type of Account: Checking Account Savings Account

\$ _____
Amount Pulled Start Date

Print Name (Tenant's Name) Date

Signature Date

Rental Address



*****MUST PROVIDE A VOIDED CHECK OR A BANK DOCUMENT*****