

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

First and Last Name	Phone number
Address	Apartment number
City/Town	Zip Code
E-Mail address	

I authorize the **OWNER / LANDLORD'S** and the financial institution designated (or any other financial institution authorize) at any time to begin deductions for payment of all charges arising under my Lease Agreement including but not limited to all rentals payments, late fees, bad check fees, and final bills issued upon closure of my account. Regular rental payments will occur on the first of each month.

This authority is to remain in effect until **OWNER / LANDLORD'S** has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit scheduled at the address provided below.

Financial Institution Account "identifying information":

Enter financial institution account information into the fields provided below and attach a blank void check.

Financial Institution	Branch
City/Town	State
Routing-Transit/ABA#	Zip code
	Account#

(The currency of the account has to be in US\$)

Signature: _____ **Date:** _____

Example:

NAME _____ 0123
 ADDRESS _____
 CITY, STATE ZIP _____ 01-23456789

DATE: _____

PAY TO THE ORDER OF _____ \$

DOLLARS

BANK NAME _____
 ADDRESS _____
 CITY, STATE ZIP _____

FOR _____

⑆0 23456789⑆ ⑆0 234567890 23⑆ ⑆0 23

Bank Routing Number	Bank Account Number	Check Number
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