

CREDIT/DEBIT AUTHORIZATION FORM - Please attach a voided check in the space below

I (we) hereby authorize The Rental Office Inc. to initiate credits to my checking account at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Rental Office Inc. is notified by me (us) in writing to cancel it in such time as to afford The Rental Office Inc. and the Financial Institution a reasonable opportunity to act on it.

I (we) wish to have these automatic draft begin on _____ . (This date must be at least 30 days from the date of this authorization.) I understand that The Rental Office Inc. will mail my proceeds checks until such time as the automatic draft begins.

Name of Financial Institution

Address of Financial Institution - City, State and Zip

PLEASE PRINT - Name

PLEASE PRINT - Address

CHECKING ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

Signature and Date

OFFICE USE ONLY

SET AMOUNT: _____ STARTING DATE: _____

Revised March 6, 2001



We Move *FAST*, So You Can Too! SM

