

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

I (we) hereby authorize The Rental Office Inc. to initiate entries to my (our) checking account(s) at the financial institution listed below and if necessary, initiate adjustments for any transactions credited/debited in effect. I (we) understand that the debit transaction will take place on or after the third (3rd) day of the month. I (we) understand and agree that, in addition to any other fees and/or remedies available under applicable law or monitoring contract in the event The Rental Office Inc. is unable to debit my account for any reason, including, but not limited to, insufficient funds, closed account or stop payment order, I (we) shall pay all costs incurred by The Rental Office Inc. in connection with such unsuccessful debit attempt. I (we) understand that this document will be governed by the lease agreement currently in place.

I (we) wish to have these automatic draft will begin on _____. *(This date must be at least 30 days from the day of this authorization.)* I understand that I will continue to be responsible for paying rent directly to The Rental Office Inc. until such time as the automatic draft begins.

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. The Rental Office Inc. reserves the right to terminate my/our participation in this program at any time upon 30 days written notice.

Name of Financial Institution

Address of Financial Institution - Branch, City, State and Zip

PLEASE PRINT - Name

PLEASE PRINT - Address

SET AMOUNT: _____ MAXIMUM AMOUNT: _____

CHECKING ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

Signature and Date

OFFICE USE ONLY

SET AMOUNT _____ STARTING DATE _____

Revised January 25, 2001



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

