

## Direct Debit Authorization Form

Check One: <input type="checkbox"/> Initial Debit	<input type="checkbox"/> Modification
<b>Tenant Information</b>	
Name:	Social Security Number:
Address of Leased Property:	
Agent:	Tenant Telephone Number: (     )
<b>FINANCIAL INSTITUTION INFORMATION</b>	
Name:	
ADDRESS:	
EXACT DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
9 DIGIT ROUTING NUMBER:	
TYPE OF ACCOUNT:	<input type="checkbox"/> Checking
FREQUENCY: Monthly \$ _____ Beginning Month & Year _____	
SELECT ONE:	<input type="checkbox"/> 1 <sup>st</sup> Business Day     OR     3 <sup>rd</sup> Business Day <input type="checkbox"/>
I hereby authorize <b>CENTURY 21 Top Producers</b> to electronically debit any payments from the bank specified above. The authorization is to remain in full force and effect until <b>CENTURY 21 Top Producers</b> has received written notification from me of its termination in such time and manner as to afford <b>CENTURY 21 Top Producers</b> and the above named bank a reasonable opportunity to act upon it.	
I have read, understand and agree to the above statement.	
Signature:	Date:
<b>**Please attach voided check below**</b>	

*Place VOIDED check here*