



Authorization Agreement for Pre-Authorized Debits

I (we) hereby authorize **Allenton Management** hereinafter called COMPANY, to initiate debit entries or credit corrections to my (our) ___ Checking ___ Savings account indicated below and the financial institution named below to debit the same to such account.

Financial Institution

City State Zip Code

Bank Transit/ABA Number Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination is such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Name (s) On Account

Property Address Which Dues Are Being Paid For

Signature Date Signature Date

Your Account will be drafted on the 10th day of each month or the next working day, if the bank is closed on the 10th. Also, please attach a blank voided check to insure correct bank/routing numbers.

Residential & Commercial Property Management

P.O. Box 3250, Durham, NC 27715-3250 (919) 490-9050 FAX (919) 493-1506
Chapel Hill Phone (919) 967-0543