



**Authorization Agreement for Pre-Authorized
Debits for Monthly Rent Payment**

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

Name of Financial Institution

City

State

Zip

Name(s) on Bank Account

Bank Transit/ABA Number

Account Number

Please verify with your bank that the account and ABA numbers you are providing will allow for an ACH transaction.

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. **Terminations must be received no later than the 25th of the month prior to the draft you want to cancel.** If a debit is processed and there are insufficient funds in your account you will be charged a \$25 fee by our COMPANY and you will be asked to bring in certified funds for the amount due.

Name(s) on Account with Allenton

Property Address for which Rent is Being Paid

Signature

Date

Signature

Date

Your account will be drafted on the 1st day of each month. If the bank is closed on the 1st, your account will be drafted on the next banking day.

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