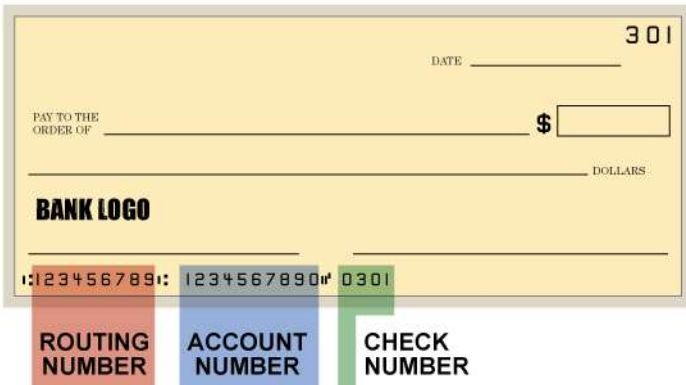




Automatic Withdrawal Of Funds Authorization For Rent Payment

Please complete this form and have it notarized and sent to our office *NO LATER THAN JULY 20th, 2016*. CPM Does have Notary Publics on staff for your convenience; however you *MUST* be present in person for us to authorize this document. **A VOIDED CHECK MUST BE ATTACHED OR WE WILL NOT PROCESS THIS REQUEST.**

Lessee's (Your) Name: _____
 Apartment Building: _____ Apartment #: _____
 My lease term is: 12 months 10 months Other: _____
 Please direct debit my monthly lease payment from (circle one):
 Account Checking Savings
 Name on the Account: (please print) _____
 Bank Name on Account: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 ABA Routing #: _____ Account #: _____
 (see diagram below)



Please debit my account on the following schedule:

- 1st month's authorized amount (this should include Sanitary District Sewer fee): \$ _____
 - Monthly authorized amount for subsequent months: \$ _____
 - Payments starting on:** August 1st, 2016
 - Payments ending on (circle one):**
 - 10 month lease (last payment on 5/1/2017)*
 - 12 month lease (last payment on 7/1/2017) *
- * payment schedule *MUST* coincide with Lease Term

I hereby authorize Campus Property Management LLC (CPM) to direct debit my account from the bank listed above. This includes, if necessary, adjustments for debit entries made in error to my account. This authorization remains in force until you receive WRITTEN notification from me terminating this Agreement OR when the above payment schedule ends. Upon termination of this Agreement, I realize it may take up to 30 days to discontinue direct debit processing.

AUTHORIZED SIGNATURE OF STUDENT OR RESPONSIBLE PARTY: _____
DATE SIGNED: _____

Notarization:
 Subscribed and sworn to before me, a Notary Public,
 for the state of _____, this _____ day of _____, 20____.

Notary Public Commission Expires:
NOTARY SEAL





Campus Property Management
where you need to be

