

AGREEMENT FOR AUTOMATIC PAYMENT WITHDRAWAL

This agreement dated this _____ day of _____ 20__ is between Professional Property Management, Inc. as agent for lessor and _____ a tenant and/or co-signor of property located at _____ . Said tenant and/or co-signor currently has a lease for the above indicated property.

Whereas, for purposes of convenience, the tenant wishes to have monthly payments made by direct deposit this agreement authorizes said automatic withdrawal. Full amount of rent on lease including any additional charges, late fees, etc. will remain due less the amount of the automatic withdrawal. All terms and conditions of the lease remain in full force.

Tenant authorizes Professional Property Management, Inc. to withdraw

\$ _____ on the first day of every month from _____ through and including the first of _____. Automatic withdrawal does not eliminate late fees or any other penalties or fees authorized in the lease in the event they are applicable.

For any reason the funds are not available to us, you will be immediately notified at the contact information listed on this page and will need to correct this with a money order or cashiers' check within five (5) days as per your lease. If you have automatic transfers that will not clear three (3) times, you will no longer be able to use this method as a form of payment.

Lessee acknowledges that once these payments are made they cannot be revoked or lessee will be in violation of said lease.

This agreement is only for the stated term, should tenant choose to extend the time frame a new agreement must be signed.

A signed authorization for direct deposit must be attached as a part of this agreement.

Lessee and/or Co-signor

Date

Contact Address

Phone

Email address

Before me personally appeared _____, on this _____ day of _____, _____ and acknowledged the execution of the annexed instrument.

Witness my hand and seal this _____ day of _____, _____.

Commission Expires _____.

Seal/Stamp

Notary Public

PPM Witnessed _____

Print Name

Date _____ Signature is required to be witnessed by PPM or notarized by licensed notary.

AUTHORIZATION FOR DIRECT DEBIT

Please Print

Applicant Information

Date

_____-_____-_____
Social Security Number Name _____

Local Address

Home Address

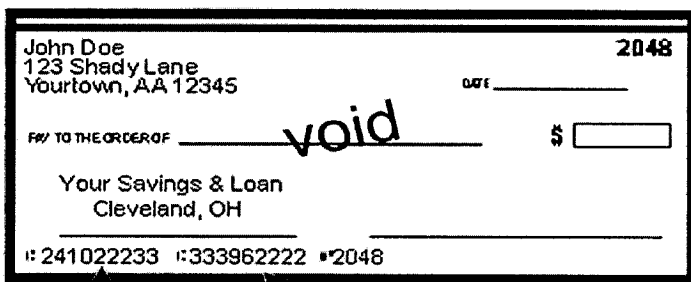
Financial Organization Information

Name of Financial Institution (____) _____ - _____
Telephone Number

Branch Address, City, State, Zip Code

Routing Number Account Number
Account Type: ___ Checking or ___ Money Market Amount: \$ _____

*Actual voided
check must be
attached here->*



↑ ↑
241022233 333962222
Routing Number Account Number

As a duly authorized signer on the account supplied above, I authorize Professional Property Management, Inc. to electronically debit my account for the amount specified above. I further authorize the Financial Institution named above to debit the same to such account.

This authority will remain in full force and effect until Professional Property Management, Inc. has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act upon it.

Signature of Payer Date (____) _____ - _____
Telephone Number