

**RENTAL PAYMENT
DEBIT AUTHORIZATION FORM**

Community: _____ Bldg/Unit # _____

Resident Name: _____ Account Number: _____

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED RENTAL PAYMENTS

I hereby authorize Highland Management Group, Inc., as managing agent for the Community listed above, to initiate debit entries to my account (on the third day of each month) at the financial institution name below for:

Full Monthly Rental Payment

Monthly Amount \$ _____ (Roommates only)

Financial Institution Name: _____

City: _____ State: _____ Zip: _____ - _____

Transit / ABA Number: _____

Checking OR Savings Account Number: _____

Date Debit Entries are to start: _____ / 03 / _____
MO DAY YEAR

***STAPLE OR TAPE HERE**

**Staple or tape a "VOIDED" check (for Checking Accounts) or deposit slip (for Savings Accounts) to ensure accurate account information.*

This authority is to remain in full force and effect until Community and/or Financial Institution have received written notification from either of us regarding termination in such time and in such manner as to afford Community and Financial Institution a reasonable opportunity to act on it.

Any changes to this authorization must be received by the Rental Office by the 22nd of the month prior to the month you wish the change to be made.

Signature: _____
(MUST BE A SIGNER ON THE ACCOUNT LISTED ABOVE)

Date: _____ / _____ / _____

Phone Number (including area code) _____

Date Scanned: _____

Date Verified: _____