

3736 Clarkston Rd, Suite A Clarkston, MI 48348 Phone: 248.394.0464 \circ Fax: 248.394.1100 www.mrerent.com

AUTHORIZATION TO WITHDRAW FUNDS

I, authorize the withdraw	, tenant at al of my rent payment in the amount of \$, do hereby from the account
listed below on the firs a \$3.00 per transaction	t of every month beginning n service fee applied.	There will be
Bank Name:		
Name on Account:		
Routing Number:		
Account Number:		
Checking or S	avings (Please circle one)	
Signature:	Date:	
If you need this debt last day of the prior r	not to take place, we need notice in writing nonth.	from you on or before the
	us and we withdraw funds and the funds and	
	<u>te and NSF fee. Should funds not be availab awn may cease automatically.</u>	<u>ne 2 times within a 1 year</u>
CA	NCEL AUTHORIZATION TO WITHDRAW	FUNDS
Signature:		

Date: _____