



Dear Tenant,

Please complete the following forms to set up automatic rent payment. Also, please indicate the month you wish to start this program and the amount (if different than 100% of the lease payment). After I receive the authorization form, your rent will be automatically deducted from the account that you designated on the first of every month until you give written notice that you want this service canceled. If the first falls on a weekend or holiday, the deduction will be made on the next business day.

Thank you for choosing to use CBI Management's automatic rent payment program.

Sincerely,

Brian H. Bridges

CBI Management

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT/DIRECT PAYMENT

CBI Partnership DBA:
COMPANY NAME: CBI Management

COMPANY ID NUMBER: XXXXXXXXXX 74-2780038

I (we) hereby authorize **CBI Management**, to initiate *CREDIT/DEBIT* entries to my (our) Checking/Savings account indicated below at the financial institution indicated below, and if necessary initiate adjustments for any transaction created in error.

Financial Institution's Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Financial Institution's Routing Number: _____

Checking Account Number: _____

Savings Account Number: _____

This authority is to remain in full force and effect until CBI Management has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CBI Management and the financial institution a reasonable opportunity to act on it.

Name(s): _____ Address: _____

Signature: _____ Date: _____

TAPE YOUR VOIDED CHECK HERE