

Date Received:_	File #:
Received By:	Begin Date:
Date Entered:	By:

## Residential Properties

## **BANK DRAFT AUTHORIZATION**

Resident's Name:
Property Address:
Mailing Address (if different):
Home Phone #:Work/Cell Phone #:
Please attach a voided check (NOT A DEPOSIT SLIP):
Attach voided check here!  I authorize and request TNT, Inc. to debit my monthly rental payment, including any and all taxes and utilities as per my lease agreement, in the financial institution above, on the 5th day of every month. I also authorize and request the financial institution above to accept any debits to my account from TNT, Inc. I acknowledge that this debit authorization does not relieve me of responsibility for payment in the event the financial institution does not make payment on my behalf for any reason. I understand that if funds are not available on the day listed above, I will be charged the appropriate late fees, etc. as provided in my lease agreement with TNT, Inc. I also understand that requests to discontinue or change this request MUST be submitted in writing to TNT, Inc. Such requests must be received thirty (30) days in advance of cancellation/change date. Any billing which has been processed prior to TNT, Inc. receiving this cancellation notice will still be withdrawn from my bank account. I further understand that submitting a Notice to Vacate is not considered notice to cancel this automatic debit, unless I specifically request the automatic debit deven after I have vacated the property. [Initials]  I have read and understand this Bank Draft Authorization.
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Resident Signature Date

\*TNT\*, Inc.
402 White Spar Road, Prescott, AZ 86303
(928) 445-8000 Fax: (928) 776-7045
Email: homes@tntprescott.com / website: www.tntprescott.com