



CCL Management

Dane County's Premier Leasing and Property Management Company
www.cclmanagement.com

Date _____

AUTHORIZATION FOR ELECTRONIC TRANSFER OF FUNDS FROM ANOTHER FINANCIAL INSTITUTION TO CCL MANAGEMENT ACCOUNT FOR MONTHLY RENT.

I(we) hereby authorize and instruct CCL Management to initiate debit entries from my/our checking/savings account indicated below in the amount of _____ on the _____ of each month. This automatic funds transfer is for payment of monthly rent at _____.

FINANCIAL INSTITUTION ACCOUNT INFORMATION

Bank Name _____ City: _____ State: _____

Bank Routing No: _____ Bank Checking/Savings(circle one) Account No: _____

Bank Account Owner(s) Name(s) (print below and sign):

Name (Please Print) _____ Signature _____

Name (Please Print) _____ Signature _____

General Terms and conditions:

1. I/We acknowledge the requested transaction will be processed on the _____ of each month.
2. Should the request date fall on a Saturday, Sunday or a holiday, this request will be executed on the next business day.
3. This authorization shall remain in full effect until I/We notify CCL Management of my/our intention of changing the terms or terminating this authorization.
4. If a transaction is rejected for insufficient funds or other cause, you will be required to supply certified funds to CCL Management for the monthly rent plus **any late fees and any NSF charges per your lease.**