



# CCL Management

A Division of C L Heller Enterprises, LLC

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.**