

Authorization Form for Automatic Withdrawal

I, _____, hereby authorize the deduction of my rent

(Lessee)

and/or other charges as it relates to my tenancy located at _____, in

(Address)

the _____ from the financial institution named below. Such

(Name of Property)

withdrawal(s) will be made by 1:00 P.M. on the date(s) indicated below and pursuant to instructions listed below for subsequent transactions.

Commencement Date: _____

Frequency of Withdrawal: (x) Monthly _____

Date

AMOUNT OF WITHDRAWAL: _____ (\$ _____)

Financial Institution: _____

Account Number: _____ **Routing Number:** _____

ADDITIONAL INSTRUCTIONS: _____

Any request to modify this authorization must be submitted in writing to the Lessor thirty (30) days prior to the date for which modification is being requested. Such notice must be sent via certified mail and directed to:

Accounts Receivable Dept., 33 North Third Street, Suite 500, Columbus, Ohio 43215.

Signature

Date

ATTACH COPY OF YOUR CHECK HERE: