

Please Attach Voided Check

DIRECT DEBIT AUTHORIZATION FORM

Apartment # _____

I, _____ hereby authorize **Grand Plaza Owner, LLC. Apartments** to debit \$_____ from my account on the first day of each month beginning _____, 20____ through _____, 20____ (*lease end date*).

Name on Account: _____

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Account Type: (check one) _____ Checking _____ Savings

Account Number: _____

Bank Routing Number: _____

This authorization is to remain in full force and effect until the Grand Plaza Owner, LLC. Apartments Management Office has received written notification terminating this authorization in such time and in such manner as to afford a reasonable opportunity to act on it.

Print Name: _____ Print Name: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

- Entered CashPro/Excel
- Removed CashPro/Excel