



CHRISTOPHERSON *Properties*

3947 Excelsior Blvd. #111, St. Louis Park, MN 55416 Phone: 952-473-5750 Fax 952-915-4510 www.ChrisProp.com

Authorization Agreement for Automatic Withdrawal

Resident Code: _____

New Request Change End Payment Start/Stop Date: _____

I (we) hereby authorize CHRISTOPHERSON PROPERTIES to initiate debit entries (ACH) to my (our) checking account indicated below and the FINANCIAL INSTITUTION named below to debit the same to such account.

FINANCIAL INSTITUTION NAME: _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED AMOUNT PER MONTH \$ _____ 1ST OR 3RD
(check one)

I authorize this amount to change in accordance with any rent increases: _____
(Initial)

ROUTING NUMBER: _____ ACCOUNT #: _____

This authority is to remain in full force and effect until CHRISTOPHERSON PROPERTIES and the above FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CHRISTOPHERSON PROPERTIES and the above FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(PLEASE PRINT)

ADDRESS: _____ APT#: _____

NAME(S): _____ PHONE #: _____

SIGNATURE: _____ DATE: _____

NAME(S): _____ PHONE #: _____

SIGNATURE: _____ DATE: _____

VOIDED CHECK OR BANK LETTER MUST BE ATTACHED!!

OFFICE USE ONLY	
Date Entered:	_____
Month Start:	_____
Voided Check:	_____