



7840 Gate Parkway, Jacksonville, FL 32256
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**TENANT'S DIRECT DEBIT
 AUTHORIZATION AGREEMENT FOR ELECTRONIC DEBITS**

I hereby authorize RE/MAX Atlantic., hereinafter called the Company, to initiate Debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (check one): _____checking _____savings account indicated below and the financial institution named below, hereinafter, called Depository, to debit and/or credit *the same* to such account.

FINANCIAL INSTITUTION _____ BRANCH _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NO. _____

Routing # (1st 9 digits)

Account # (4-20 digits)

Please enclose a "VOID" check for our records to ensure accuracy of information

This authority is to remain in full force and effective until the Company has received written notification from me and its termination in such time and in such manner as to afford **the Company** and the financial institution named above a reasonable opportunity to act on it.

NAME _____ SS # _____

(Please print)

SIGNATURE _____ DATE _____

ADDRESS _____

For office file information:

Home# _____ Work # _____ Other # _____

Cell # _____ Home E-mail Address _____

Office E-mail Address _____

If permissible to receive E-mails at work)

Send us an E-mail at jaxbookkeeper@sellingjax.com and your address will be added to our address book for future use.

 Tenant

State of FLORIDA
 County of _____

Sworn to and subscribed before me this
 _____ day of _____, 20____.

My Commission Expires:

 Notary Public