

AUTOMATIC WITHDRAWELS FOR RENT

(New Participants)

Property Name: _____

Residents Name:

Unit #

Effective Date: _____

Rent Amount: _____

Name of Bank or other Financial Institution

Bank Routing Number

Account Number

Type of Account (Check One)

Checking

Savings

Attach your canceled or voided check. (If this is a savings account, you must have the financial institution write in the bank routing number and account number.)

Site Manager

Resident Signature

Date

Date

This submission gives Franklin Asset Management, Agent for the above names property, the authority to withdraw my rent payments from my account. I understand that this withdrawal will take place on the 4th day of each month. I understand that for changes and/or stoppages, it is my responsibility to timely notify the Managing Agent in accordance with my lease agreement.