For office use only:	A DNA INVESTME Real Estate Leasing &	Associates NTS INC. COMPANY Management Solutions	Please Select: New Form Bank Change Date Change Increase
Name:	JCHA ID Number:		
Email Address:	Manager:		
Property Address:			
	<u>CREDIT/DEBI</u>	T AUTHORIZATION	
	•		o withdraw multiple times until see ACH Addendum for more info.
initiate entries to my (ou necessary, initiate adjus remain in effect until JC	ur) checking/savings acco tments for any transaction Higgins & Associates	ount at the financial ins ons credited/debited in is notified by me (us) in	t of our rental unit/home) to titution listed below, and, if error. This authority will n writing to cancel it in such a reasonable opportunity to
Name of Financial Institu	tion:		
Address of Financial Insti	tution:		
Financial Institution Ro Checking/Savings (Cir Set Amount: \$ Current	cle Account Type) Acc	ount Number:	
	Amount:	(Late/NSF Fees)	
Preferred Monthly Trans	saction Date: 🗆 🛚 🕯	5 th Start Date:	
Signature:		Date:	
	1	10 DATE	