



ONE TIME PRE-AUTHORIZED DEBIT SERVICE

NAME(S): I/We _____

OF ADDRESS: _____

Agree To allow **PICKET FENCE PROPERTY MANAGEMENT GROUP of SUTTON GROUP WEST COAST TO DEBIT MY/OUR ACCOUNT** for the purpose of collecting a **ONE TIME**

_____DAMAGE DEPOSIT

_____MOVE IN FEE

_____PET DEPOSIT

_____RENTAL PAYMENT

OF: \$ _____ **ON** _____.

***** PLEASE NOTE: All returns will be subject to a \$25 nsf fee.**

ATTACH VOID CHEQUE HERE

Banking Information:

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Transit Number

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Institution Code

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Account Number

The undersigned hereby confirms their authorization in accordance with the provisions contained herein: warrants that all persons whose signatures are required to sign on this account have signed below; guarantees all information contained herein is correct and to the best of their knowledge; and is/are solely responsible for any consequences due to providing fraudulent information contained herein.

Signature _____

Date _____