



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize SWB (company) to initiate entries to my checking/savings accounts at the financial institution Chase (bank). This authority will remain in effect until SWB (company) is notified by me (us) in writing to cancel it in such time as to afford SWB (company) and Chase (bank) a reasonable opportunity to act on it.

New Setup	<input checked="" type="checkbox"/>	Change financial institution	<input type="checkbox"/>
Cancellation/Stop	<input type="checkbox"/>	Change account number	<input type="checkbox"/>
Other	<input type="checkbox"/>	Change account type	<input type="checkbox"/>

Chase Bank

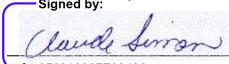
Name of Financial Institution

021000021 882368142

Routing Number Account Number

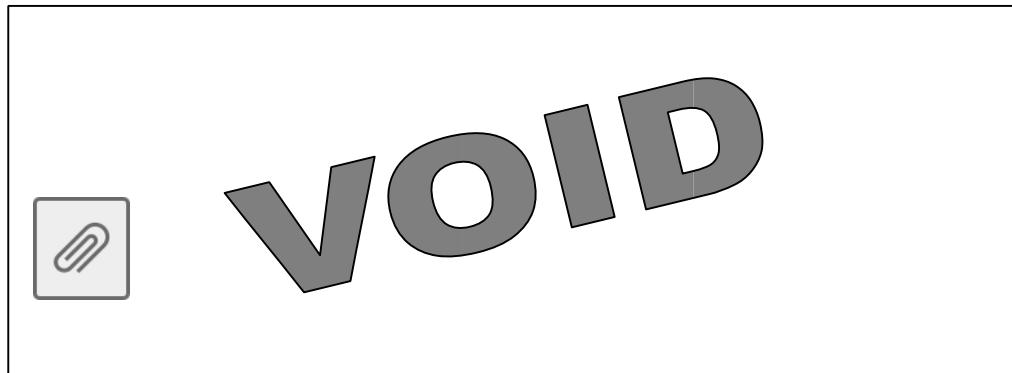
270 Park Ave., New York, NY 10017

Address of Financial Institution

Type of Account: Checking Account Savings Account \$ 1066.67
Amount PulledJune 1, 2026
Start DateClaude Simon
Print Name (Tenant's Name)
Signed by:

Signature9/20/2025
Date
9/20/2025
Date

11 Colchester Ct

Rental Address



MUST PROVIDE A VOIDED CHECK OR A BANK DOCUMENT

Initial
*tenants initials CS