



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 Pulled

June 1, 2026

Start Date

Claude Simon

9/20/2025

Print Name (Tenant's Name)

Date

Signed by:

*Claude Simon*

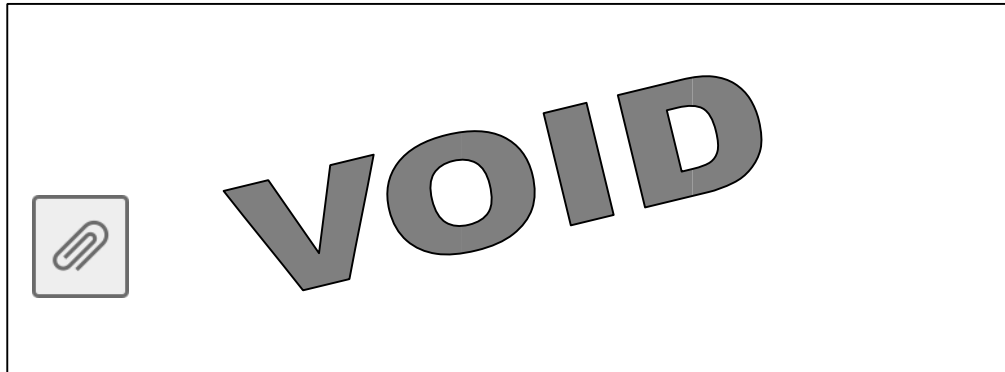
9/20/2025

Signature

Date

11 Colchester Ct

Rental Address



\*\*\*MUST PROVIDE A VOIDED CHECK OR A BANK DOCUMENT\*\*\*

Initial

\*tenants initials

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