Unit:

RapidValleyForRent.com Post Office Box 3224 Rapid City, South Dakota 57709 Office: (605) 718-4663 Fax: (605) 719-3008

Direct Deposit Form

I authorize ABL Incorporated to initiate debits to my checking or savings account. ABL Incorporated is authorized to debit rent payments and any additional fees required per the terms of my lease agreement. The amount debited may be adjusted as necessary if the lease agreement is modified or fees are incurred as part of the agreement. This authority will remain in effect until I notify them in writing at least two weeks prior to the next settlement date.

(Signature)				(Date)
(Name-Please Print))			
(Address-Please Prin	nt)			
Rent Amount to be	debited: \$			
Scheduled Day of the Month: (Mu			_(Must choose 1 st ,	2^{nd} , 3^{rd} , 4^{th} , or 5^{th})
Calendar date of firs	st monthly payme	ent to be debite	ed:	
Account Type:	Checking	Savings		
Bank Name:				
Bank Routing Num	ber:			
Bank Account Num	ber:			
Please attach a void	ed check to verif	y bank name, i	outing number, and	account number.

Attach Voided Check Here