

TENANT SECURITY DEPOSIT TRANSFER FORM

Return this form with your Notice to Vacate

Date: _____

Name of Tenant(s): _____

Rented Property Address: _____

I wish to use EFT. See the account information below.

I DO NOT wish to use EFT. I choose to receive any balance due to me by check for a \$35 processing fee.

I acknowledge that all revenue and monies due will be electronically deposited to or from the account provided.

BANK ACCOUNT INFORMATION

Name(s) on the Account: _____

Type of Account: Checking Savings

Name of Financial Institution: _____

Phone Number of Financial Institution: _____

Routing Number: _____ Account Number: _____

ACCOUNT ADDRESS INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone (____) _____ Business Phone (____) _____

Cell Phone (____) _____ Fax Number (____) _____

Account Owner of Record Signature: _____ Date: _____