

RENTAL APPLICATION

(Once form is completed please email to pgregorygsc@yahoo.com)

Nedy Circle, Augusta GA 30909

(rental property address)

Full Name _____ Home Telephone# (____) _____ - _____
Last First Middle-Madden

Soc. Sec.# ____ - ____ - ____ D.O.B ____/____/____ Martial Status ____ Drivers License #(State) _____

Present Address: _____

Landlord _____ Telephone# (____) _____ - _____

How Long? ____/____/____ From ____/____/____ To Rent \$ _____ Names(s) on Lease _____

Reason you are moving? _____

Email address: _____

Employer _____ Address _____

Telephone# (____) _____ - _____ Ext: _____ Position _____ How long? _____

Monthly Salary \$ _____ Supervisor _____

THE FOLLOWING PERSON(S) WILL OCCUPY THE RENTAL PROPERTY

Name: _____ Age ____ Sex ____ Relationship _____

Name: _____ Age ____ Sex ____ Relationship _____

Name: _____ Age ____ Sex ____ Relationship _____

SPOUSE CO-SIGNER:

Full Name _____ Home Telephone# (____) _____ - _____
Last First Middle-Madden

Soc. Sec.# ____ - ____ - ____ D.O.B ____/____/____ Drivers License #(State) _____

Employer _____ Address _____

Telephone# (____) _____ - _____ Ext: _____ Position _____ How long? _____

Monthly Salary \$ _____ Supervisor _____

Present Address _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name CDM Southeast Inc.

For Unit# _____

I (we) hereby authorize CDM Southeast Inc., hereinafter called company, to initiate debit entries to my (our) ___ Checking account/ ___ savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the US law.

Depository Name (Bank Name): _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

AMOUNT _____ **WHEN:** _____

This authorization is to remain in full force and effect until COMPANY has received written notification for me (or either of us) of its termination in such time and in such manner as to afford COMPANY or DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Date _____ Signature _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MUST REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.