CONSUMER DEBIT AUTHORIZATION

	Direct Debit Enrollment for Recurring Rental Payment	
	NAME:	
	BILLING ADDRESS:	
	CITY/STATE/ZIP:	
	DAYTIME PHONE NUMBER:	
	Please deduct my direct payment from my account:	
	FINANCIAL INSTITUTION:	
	ΓRANSIT/ABA#:	
	ACCOUNT NUMBER:	
	☐ Checking Account \$	
	□ Savings Account \$	
I authorize Hurley Management LLC to deduct my rent payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify Hurley Management LLC in writing at the following address: Hurley Management LLC		
5	0 W Ferry 14222-1512	19
S	GNATURE: DATE: OTE: Enclose a voided check with this form	