



Automatic Debit Authorization

I hereby authorize Miller & Miller Properties to automatically debit my checking account number _____ (attach a voided check). I understand that my account will be debited on the _____ of each month, beginning on _____.

I also understand that this authorization will remain in full force and effect until paid in full or I notify Miller & Miller Properties, LLC in writing that I wish to discontinue this automatic debit plan. I must provide Miller & Miller Properties at least a 10 day advance notice of cancellation.

Signature

Date

Please Print Name

***REMEMBER TO INCLUDE A VOIDED CHECK**

TERMINATION OF THIS AGREEMENT: You may cancel this agreement by giving us written notice or you can come to the office located at 363 Hwy 149 Clarksville TN 37040 by appointment and sign this cancellation.

Effective Date _____ the undersigned cancels this Automatic Debit Authorization

Signature