

CANCEL AUTHORIZATION AGREEMENT
FOR DIRECT DEBIT
(ACH DEBITS)

I (we) revoke the authorization for Sundance Rental Management, Inc. to debit my (our) Checking or Savings account at the depository financial institution named below.

Depository/Bank Name: _____

Last Month for Ach Debit: _____

Circle One Full Month Rent Pro-rated rent

Print Name: _____

Signature: _____

Current Date: _____