

**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 (1) - Full Month Rent \$ _____ Pro-Rated Rent \$ _____

Print Name: _____

Signature: _____

Current Date: _____