

Deposit Transfer Authorization Form

Address: _____

I/We _____
hereby allocate all deposits including last months rent, security deposit and any interest accrued there-
on to _____.

I/We _____
accept the terms and conditions of the lease contract from _____ to _____.

I/We further accept the condition of the apartment "as is" as if I moved into the premises on the commencement date of the lease previous. I/We understand that I/We will be held liable for any damages to the apartment, costs, constable notices, late fee's _____, fines and physical damage.

*All correspondence and security deposits are returned to the person named first on the lease.
The first name should remain the same unless that person is moving out.*

The above parties agree to change the first name on the lease to: _____

Signature(s):

Current Tenant Date:

Current Tenant Date:

Current Tenant Date:

Current Tenant Date:

New Tenant Date:

New Tenant Date:

New Tenant Date:

New Tenant Date: