



1700 Geddes Ave., A7 Ann Arbor, MI 48104 734-741-3900 cmb@annarborapartments.net

SECURITY DEPOSIT REFUND AUTHORIZATION

Apartment Building: _____ Unit: _____

Date: _____

CMB Management will refund the security deposit to the resident(s) in the form of ONE check, made payable to all leaseholders. This form constitutes proper authorization for CMB Management to return the balance of the security deposit to be refunded to:

Resident Name: _____

Full Mailing Address: _____

It is understood by the undersigned leaseholders that ONE check will be returned to the above mentioned, and he or he will then make the necessary disbursements among the rightful claimants of the security deposit

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

Signature: _____ Signature: _____ Signature: _____

Signature: _____ Signature: _____ Signature: _____

Signature: _____ Signature: _____ Signature: _____

----- For Office Use ONLY -----

Date received full authorization from all leaseholders: _____ CMB Agent: _____

Check if Authorization is given on multiple forms or letters: Number of forms: