



**SECURITY DEPOSIT REFUND AUTHORIZATION**

Apartment Building: \_\_\_\_\_ Unit: \_\_\_\_\_

**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: \_\_\_\_\_

Tenant Signature

Tenant Signature

Tenant Signature

Tenant Signature

Tenant Signature

Tenant 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: