



**SECURITY DEPOSIT TRANSFER AUTHORIZATION**

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

**CMB Management will transfer the *total* balance of the security deposit to the resident(s) new apartment ledger. This form constitutes proper authorization for CMB Management to Transfer the balance of the security deposit to be refunded to:**

Resident Name: \_\_\_\_\_

New Apt. 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: