

COMPANY AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

CONTACT INFORMATION

LAST NAME: _____
 FIRST NAME: _____
 M.I. _____
 TENANT ACCOUNT #: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

<u>ONLY FOR OFFICIAL USE OF:</u>
COMPANY _____
ACCOUNT: _____
START DATE: _____

PAYMENT INFORMATION

SELECT ONE: _____ CHECKING ACCOUNT
 _____ SAVINGS ACCOUNT

ATTACH A VOIDED CHECK TO BACK

ATTACH A VOIDED DEPOSIT SLIP TO BACK, IF AVAILABLE

BANK NAME: _____
 NAME ON ACCOUNT: _____
 BANK ROUTING NUMBER: _____
 BANK ACCOUNT NUMBER: _____
 DAY OF THE MONTH TO DEBIT BANK ACCOUNT: _____

YOUR CHARGES MAY VARY FROM BILLING PERIOD TO BILLING PERIOD. IN THE EVENT THAT A DEBIT TO YOUR ACCOUNT WILL DIFFER FROM THE IMMEDIATELY PRECEDING DEBIT, YOU WILL HAVE TEN CALENDAR DAYS WRITTEN NOTICE (YOUR INVOICE) BEFORE THE DEBIT IS INITIATED. IF COMPANY INVOICES YOU QUARTERLY, YOUR ACCOUNT WILL ONLY BE CHARGED IN THE MONTH THAT YOUR INVOICE REFLECTS A BALANCE DUE.

AUTHORIZATION

I (we) hereby authorize COMPANY hereinafter called COMPANY, to initiate debit entries for payments to my (our) bank account indicated above at the depository financial institution name above, hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The authorization is to remain in effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: ____/____/____

RETURN FORM TO COMPANY. PLEASE CONTINUE TO MAKE YOUR SCHEDULED PAYMENTS AS USUAL. YOU WILL RECEIVE A LETTER IN THE MAIL NOTIFYING YOU WHEN AUTOMATIC PAYMENTS WILL BEGIN.