

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we) hereby authorize CMB Property Management, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____

CHECKING SAVINGS ACCOUNT (select one)

CITY _____ STATE _____ ZIP _____

ROUTING TRANSIT/ABA NO. _____ - _____ - _____

ACCOUNT NO. _____

I (we) understand that upon my (our) approval COMPANY will debit my (our) account named above for the term of my (our) lease on the 1st of every month in the amount of \$_____.

It is my understanding that in the event the 1st of the month is on a Saturday, Sunday or Holiday, my account will be debited the first business day to follow.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination NO LATER THAN 10 days prior to the date my account will be debited as to afford COMPANY a reasonable opportunity to act on it.

DATE _____

NAME(S) OF ACCOUNT HOLDER _____

SIGNATURE(S) OF ACCOUNT HOLDER _____

CONTACT INFORMATION _____

TENANT CODE _____ APT. ADDRESS _____

START MONTH _____ END MONTH _____