

Authorization Agreement for ACH Debits

*****VOIDED CHECK MUST BE ATTACHED*****

_____ **New Auto Draft Request**

_____ **Change to Current Draft**

Property Address and/or Acct Number:

I (we) hereby authorize Becklee Real Estate, LLC, acting as Agent/Property Manager to initiate charges to our/my bank account in the amount specified below, and the depository named below is authorized to debit that account. If the amount varies, the company will send written notice of the amount and the scheduled date of transfer at least ten calendar days before the scheduled transfer date.

() Checking () Savings

Depository Name: _____

Branch Address: _____

City: _____ State: _____ Zip Code: _____

Bank Transit/ABA _____

Account Number _____

Amount Calendar Date of Monthly Transfer

\$ _____ _____

This authority is to remain in effect until the depository has received written notice of termination and has been provided opportunity to take action.

I/We understand that the Auto Draft will be automatically cancelled if in any 6 month period there are 2 occasions where my/our payment cannot be deducted due to insufficient or unavailable funds.

Phone # _____ Email _____

X _____ Date _____ X _____ Date _____

SIGNATURE OF ACCOUNT OWNER(S)