

Miloff Aubuchon Realty Group, Inc.

AUTOMATIC PAYMENT SERVICE (ACH DEBIT) AUTHORIZATION AGREEMENT

I (we) hereby authorize Miloff Aubuchon Realty Group, Inc. to initiate electronic debit entries to my (our) checking account indicated below for payment of obligations due under the terms of the below referenced lease agreement and any other service agreements with Miloff Aubuchon Realty Group, Inc. I (we) further authorize my (our) bank or financial institution named below (the depository financial institution) to deduct the electronic debit from my (our) checking account indicated below.

I understand that the first Automatic Payment authorized by this Agreement will occur on the next payment due date after the date of this Agreement, provided that this completed Agreement is received by the Property Management office on or before the 15th of the month (i.e. if received by August 15th, the first Automatic Payment will occur on *September 1st*). If this completed Agreement is received by the Property Management office after the 15th of the month, the first Automatic Payment authorized by this Agreement will occur one month after the next due date (i.e. if received on August 20th, the first Automatic Payment will occur on *October 1st*).

BANK ACCOUNT INFORMATION:

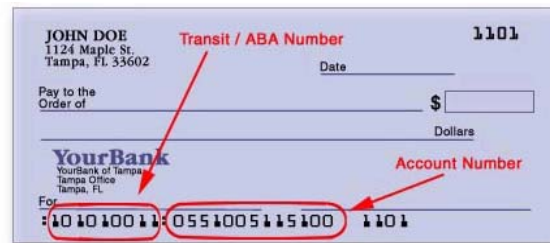
You must **attach a voided check** from the below described account to this Agreement. Please refer to the sample check to locate your Transit/ABA Number and Account Number.

Bank Name: _____

Bank City/State: _____

Transit/ABA Number: _____

Account Number: _____



AUTHORIZATION:

This authorization is to remain in full force and effect until the sooner of (a) the end of the below referenced lease agreement with Miloff Aubuchon Realty Group, Inc. has received written notification from me (us) of my (our) intent to vacate the premises covered in the below referenced lease agreement and Miloff Aubuchon Realty Group, iNc. has agreed that all obligations under the lease have been satisfied. *Note: Any written notification must be received by the Property Manager by the 15th of the month in order to provide Miloff Aubuchon Realty Group, Inc. and your financial institution sufficient time to act on it.*

Account Holder's Name

Lessee's Name (if different from Account Holder)

Account Holder's Signature

Date

Account Holder's E-Mail Address

To Be Completed by Property Management Staff		
Property Name:	Installment Amount:	Date Received:
Lessee Name:		
Unit Number:		Lease End Date: