

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Customer (Tenant) Information

Name: _____

Address: _____
Street City State ZIP Code

Phone #: _____ E-Mail: _____
(Area Code)

Start Date: _____ Amount: _____ Monthly

Credit Transaction (Outer Drive Apartments, L.L.C.) Information

(The Financial Institution and account RECEIVING the money)

Financial Institution Name: **Independent Bank**

Financial Institution Address: **655 N. Port Crescent St. Bad Axe, MI 48413**

Financial Institution Phone Number: **(989) 269-6471**

Name on Account: **Outer Drive Apartments, L.L.C.**

Debit Transaction (Tenant) Information

(The Financial Institution and account money is being TAKEN OUT of)

Financial Institution Name: _____

Financial Institution Address: _____
Street City State ZIP Code

Financial Institution Phone Number: _____
(Area Code)

Routing #: _____ Checking Account #: _____

Name on Account: _____

Type of Account: **Checking** **Savings** **Other**

Attach a voided check

This authorization is to remain in full force and effect until Outer Drive Apartments, L.L.C. has received written notification from me of its termination (10 business days prior to the scheduled withdrawal date) to afford Outer Drive Apartments, L.L.C. and the financial institution listed above a reasonable opportunity to act on it. I also authorize Outer Drive Apartments, L.L.C. to initiate reversing debit/credit entries for the sole purpose of correcting erroneous and previously initiated debit/credit entries. In addition, I understand if the transfer date falls on a weekend or a holiday, my account will be debited the previous business day.

Tenant Signature: _____ Date: _____