

AUTHORIZATION AGREEMENT

Direct Rent Payment (ACH Debits)

Company Name 99 Property Management	(the "Company")
I (we) authorize the Company to initiate y	ariable entries to my (our) account described below:
	Savings Account No
Financial Institution's Address	
Attach a voided check or provide the finan	cial institution's routing number
(found between these symbols !:	on the bottom left of your check). This authority
is to remain in full force and effect until either one of us) of its termination in suc	the Company has received written notification from me (o h time and manner as to afford the Company a reasonable
opportunity to act on it.	(O I. F. T I)
Signature	(Optional — For Joint Account)
Full Name	Signature Full Name
Address	Full Name
Date	
Telephone No.	
Billing Account No	
For Company Use: Representative	Location
stand that after the effective date above,	
ess days prior to the 1st of the month in or int. This payment method is not meant for its to stop payment, but would like to begin ization form in order to start payments ag it least two stop requests previously, or have part of a rental assistance program and or	I must notify 99 Property Management in writing at least der to stop automatic payments, or make changes to any for frequent starting, stopping, and/or adjusting. If Tenant(s) payments again in the future, Tenant(s) must complete again. Tenant(s) will not be eligible to enroll again if there have had two payments returned due to insufficient funds.
estand that after the effective date above, as days prior to the 1st of the month in or not. This payment method is not meant for its to stop payment, but would like to begin ization form in order to start payments agonalized its two stop requests previously, or have part of a rental assistance program and or	der to stop automatic payments, or make changes to any for frequent starting, stopping, and/or adjusting. If Tenant(s in payments again in the future, Tenant(s) must complete again. Tenant(s) will not be eligible to enroll again if there have had two payments returned due to insufficient funds.
estand that after the effective date above, as days prior to the 1st of the month in or not. This payment method is not meant for its to stop payment, but would like to begin ization form in order to start payments again least two stop requests previously, or have part of a rental assistance program and or tand the amount debited from my account to the Tenant portion due.	der to stop automatic payments, or make changes to any for frequent starting, stopping, and/or adjusting. If Tenant(son payments again in the future, Tenant(s) must complete again. Tenant(s) will not be eligible to enroll again if there have had two payments returned due to insufficient funds.