

AUTHORIZATION AGREEMENT FOR DEPOSITS (ACH CREDITS)

COMPANY NAME Coastal Islands Real Estate & Property Management LLC	Tax id Number: 27-2961687
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CHECK ONE:

<input type="checkbox"/> ADD (New Preauthorized Debit Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation in the Program)
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NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

I (we) hereby authorize Coastal Islands Real Estate & Property Management LLC , hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH	
CITY	STATE	ZIP CODE	

TRANSIT ROUTING NUMBERS	ACCOUNT NUMBER INFORMATION

CHECKING

SAVINGS

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 in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **Please attach a voided check for account validation.**

NAME(S) - Please Print			
ADDRESS OF HOUSE/APT	CITY/STATE	ZIP CODE	
SIGNED		DATE	

NOTE: Please submit this completed form to us along with a copy of a voided check OR a picture of a check from your camera phone. These can be emailed to alicewerntz@comcast.net

