AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: HI-POI	NT APARTMENTS			
Checking Account / Savi	-Point Apartments, hereinangs account (circle one), who alled BANK, and to debit my actions to my/our account mu	ose account number is li Vour rent payments to the	sted below, at the financi is account. I/We acknow	al institution
Bank Name				
City		State	Zip	
Routing Number	. <u> </u>	Account Number		
This authorization is to re either of us) of its termina opportunity to act on it.	emain in full force and effect ation in such time and in such	until COMPANY has re n manner as to afford CO	eceived written notification OMPANY and BANK as	on from me (or reasonable
Name(s)	(Please Print)		Apartment	
Date			_	
Please attach a copy of a	voided check.		·	