



DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I _____ hereby authorize INCLINE PROPERTY MANAGEMENT, hereinafter called the COMPANY, to initiate either by paper or electronic means debit and, if appropriate, credit entries to my Bank Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit or credit the same to such account.

Depository / Bank Name _____

Address or Branch _____

City _____ State _____ Zip Code _____

Account Number _____

Transit/ABA Number _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such a time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Date _____
Please Print

Signed _____

_____(Owner/Landlord) _____(Date)