

Direct Deposit Information:

I _____ authorize Chattahoochee Dwellings Property Management LLC to credit my bank account each month starting on _____ (date).

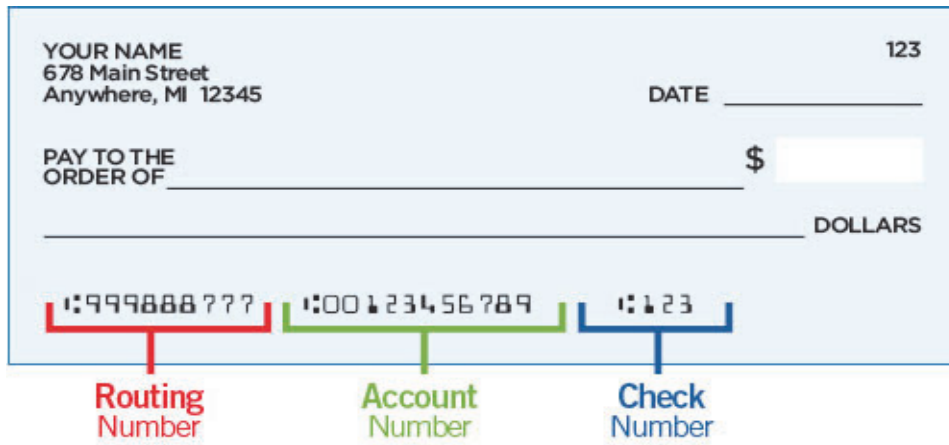
Checking Account Saving Account

Name on Account: _____

Bank Name: _____

Account Number: _____

Routing Number: _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next crediting date.

Individual's Signature: _____ **Date:** _____