

2319 N. Kedzie L.P.

AUTHORIZATION AGREEMENT

FOR PREAUTHORIZED DEBITS (ACH DEBITS)

I hereby authorize 2319 N. Kedzie L.P., hereinafter called Company, to initiate Debit Entries and to initiate, if necessary, Credit Entries and adjustments for any Debit Entries in error to my (our)      Checking      Saving account (select one) indicated below and the financial institution named below, hereinafter called Depository, to Debit/Credit the same to such account.

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. (Not less than 30 and not more than 60 days from receipt of notification.)

Please deduct \$ \_\_\_\_\_ from my account.

SIGNATURE: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

NAME (Printed): \_\_\_\_\_ DATE: \_\_\_\_\_

(Attach copy of voided check here)