4715 N. Sheridan LLC

AUTHORIZATION AGREEMENT

FOR PREAUTHORIZED DEBITS (ACH DEBITS)

I hereby authorize 4715 N. Sheridan LLC, 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 each month.

SIGNATURE: _____ ID NUMBER: _____

NAME (Printed): _____ DATE: _____

(Attach copy of voided check here)