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ACH AUTHORIZATION FORM

I (we) hereby authorize Premier Property Management to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Premier Property Management is notified by me (us) in writing to cancel it in such time as to afford Premier Property Management and me Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Address of Financial Institution, Branch, City, State, & Zip

Signature

Date

Name—Please Print

Address---Please Print

Email Address

ATTACH VOIDED CHECK HERE PLEASE