

Unit # _____

AUTHORIZATION AGREEMENT FOR DIRECT DEBITS (ACH DEBITS)

COMPANY NAME: Maxim II COMPANY ID NUMBER: _____

I (we) hereby authorize Capital Hill Home Management Co, hereinafter called COMPANY, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY: _____ BRANCH: _____

NAME: _____ STATE: _____ ZIP: _____

CITY: _____ ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ PLEASE PRINT _____
PLEASE PRINT _____

SIGNED: _____ DATE _____
DATE _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.