

Debit Authorization

I (we) hereby authorize Circle Property Management LLC hereinafter called COMPANY, to electronically debit my (our) account (and, if necessary electronically credit my (our) account to correct erroneous debits) as follows:

___Checking Account/ ___ Savings Account (select One) at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

(Depository Name)

(Routing Number) (Account Number)

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable

dollar amounts authorized]: \$_____

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY (insert manner of revocation, i.e., in writing, by phone, location, address, etc.] that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least (2days) prior notice in order to cancel this authorization.

(Print Name)

(Signature)

(Date)

Please attach copy of voided check to this form