AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Financial Institution Address: Street Street City State ZIP Code Financial Institution Phone Number: (Area Code) Routing #: Checking Account #: Type of Account: Checking Savings Other Attach a voided check This authorization is to remain in full force and effect until Outer Drive Apartments, L.L.C. has received written notification from me of its termination (10 business days prior to the scheduled withdrawal date) to afford Outer Drive Apartments, L.L.C. and the financial institution listed above a reasonable opportunity to act on it. I also authorize Outer Drive Apartments, L.L.C. to initiate reversing debit/credit entries for the sole purpose of correcting erroneous of the sole purpose of correcting	Customer (Tenant) Information							
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