

PROPERTY MANAGEMENT SPECIALISTS, LLC.

1945 LOCKHILL-SELMA, SUITE 102

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DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize PROPERTY MANAGEMENT SPECIALISTS LLC to make deposits in the account located at (name of Depository Financial Institution, hereinafter referred to as DFI) _____

And authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically which is consistent with the requirements of Section 205.9(b) of Federal Regulation E under the Rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is given to PROPERTY MANAGEMENT SPECIALISTS LLC.

NAME OF DFI

ROUTING/TRANSIT # OF DFI

ACCOUNT NUMBER TO CREDIT

ACCOUNT TYPE (CHECK/SAVINGS/ETC)

NAME ON ACCOUNT

ADDRESS

CITY/STATE/ZIP

SSN/TAX I.D. NUMBER

SIGNATURE

DATE

HOME PHONE NUMBER

CELL NUMBER

E-MAIL ADDRESS

SIGNATURE

DATE

PLEASE NOTE: THE DIRECT DEPOSIT WILL TAKE APPROXIMATELY 30-45 DAYS TO BE ACTIVATED:

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES

THE ABOVE REQUEST IS FOR THOSE WHO WOULD LIKE THEIR MONTHLY PAYMENTS DEPOSITED DIRECTLY INTO THEIR ACCOUNTS. OTHERWISE, PAYMENTS WILL CONTINUE TO BE MAILED.