



**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
DIRECT DEBIT PAYMENTS**

COMPANY NAME: NAGLE APARTMENTS CORP.

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit or credit entries, to my (OUR) []Checking or []Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit or credit the same to such account. I (WE) acknowledge that the origination of ACH transactions to my (OUR) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____

Depository Routing/ABA NO: _____ Account Number _____

Account Type: Checking _____ Savings _____
(check one)

(Please attach "voided" check)

The transfer will be scheduled to occur on the fifth business day of the month, excluding any bank holidays.

This authorization is to remain in 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.

If you have any questions, please do not hesitate to contact our office. Thank you.

Name(s) _____

Signature _____

Date _____

Building Address: _____

Apt. # _____

For office use only: Acct. # _____ Effective _____