

Authorization Agreement for Electronic Account Transfers (ACH CREDITS and/or ACH DEBITS)

I (we) hereby authorize WJD MANAGEMENT, hereinafter called COMPANY, to initiate credit and/or debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit and/or debit 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.

Name on the account _____

Name of bank (My Bank) _____

Bank routing number _____
(typically the 9 digits between the “:” marks on your check)

Account number (My Account) _____

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

Name(s) _____ (please print) Property Number _____

Required Signature _____ Today's Date _____

Month to Begin ACH Withdrawal _____

**NOTE: To complete your registration this form must be returned to WJD
With a VOIDED CHECK from the referenced account.**

**WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT
THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE
ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**