

**HILLMAN HOUSING CORPORATION
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

To: Hillman Housing Corporation

1. **Authorization to Debit Checking Account.** I/we authorize Hillman Housing Corporation ("Hillman") to initiate debit entries to my/our **Checking Account** (the "**Account**") listed below at the **Bank** named below (the "**Depository**"), and to debit and charge the amounts of the debit entries to such Account for monthly maintenance, storage, parking, electrical and other charges owed by me/us to Hillman from time to time. I/we acknowledge that the origination of ACH transactions (such as automatic debits) to my/our Account must comply with the provisions of U.S. law.
2. **Debits May Vary in Amount; Notices.** The amount debited may vary each month due to changes in my/our monthly electricity fees, maintenance charges and the like. **Hillman will give me/us written notice of the date and amount of each debit at least ten (10) days prior to initiating the debit** to the Account. If I/we want the monthly notice mailed to me/us, and not left at my/our door, I/we have provided and will provide pre-addressed envelopes to Hillman, when requested.
3. **Required Information. Instructions: ATTACH A VOIDED CHECK FOR THE ACCOUNT. FILL IN THE BLANKS. (Take great care to make sure that the Account Number and Bank Routing Number are correct.)**

DEPOSITORY BANK'S NAME: _____
BRANCH: _____ CITY: _____ STATE: _____ ZIP: _____
DEPOSITORY BANK'S ROUTING NUMBER: _____
MY(OUR) CHECKING ACCOUNT NUMBER: _____

4. **Changes to Account.** if I/we close out or change my/our **Account**, I/we must give Hillman a **new completed Authorization Agreement form** with voided check, at least **one month before** the change is to be made.
5. **Termination of Automatic Debits.** This is a completely voluntary service provided by Hillman for convenience. **(A) Hillman can terminate** the service and cancel this Authorization immediately at **any time, without notice.** **(B) I/we can terminate this Authorization and** the debits to my/our Account **only by giving Hillman written notice of termination**, delivered to Hillman's management office. Any termination by me/us will take effect as follows: Unless specially approved differently, Hillman must receive my/our termination notice by the 15th day of a month for the termination to take effect for the following month.
6. **Insufficient Funds in Account.** If there are insufficient funds in the Account to pay a debit entry, I/we will be responsible for any charges by Hillman's bank and/or by my/our bank, the Depository, as well as for the amount of the unpaid debit entry and for any amounts (including maintenance charges and late fees) due to Hillman under my/our proprietary lease and/or any other agreement with Hillman.

I/we have kept a copy of this Authorization.

NAME(S) _____ APT. NO. _____
(Please Print)
DATE _____, 20____ SIGNATURE _____
SIGNATURE _____