



Authorization for Direct Deposits

This authorizes CIFPM Inc. AKA CIF Property Management Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account (s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. **Please attach a voided check with this form.**

ACCOUNT TYPE (e.g. Checking or Savings): _____

BANK NAME: _____

BRANCH: _____

CITY, STATE: _____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER (ABA#): _____

This authorization will be in effect until the Company receives a written termination notice from myself and has reasonable opportunity to act on it.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____