



AROUND THE CLOCK, INC. CRMC[®]

a certified residential management company

DIRECT DEPOSIT AUTHORIZATION

Purpose of Authorization: (check one)

New Authorization

(complete A, B, C and F)

Change to Existing Authorization

(complete A, B, D and F)

Cancellation

(complete A and E)

A. Customer Information

Name

Email Address

Around the Clock Owner Account Number

Address

City, State, Zip Code

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone Number of Institution

Address

Account Number

Address

Bank ABA/Routing #

Address

Checking

Savings

C. New Authorization Statement

I authorize and request Around the Clock, Inc. to instruct my financial institution to deposit funds to my account. If necessary, initiate debit adjustments for any transaction credited in error. I also understand I may discontinue this authorization at any time by giving written notice to Around the Clock, Inc..

Authorized Signature

Date

D. Change Authorization Statement

I authorize and request Around the Clock, Inc. to make the changes indicated on this form for automatic deposit to my account.

Authorized Signature

Date

E. Cancellation Statement

I request Around the Clock, Inc. to terminate my authorized automatic deposit to my account. I will allow a reasonable time for Around the Clock, Inc. to act upon my request to terminate this agreement.

Authorized Signature

Date

F. Attach a voided check.