



DIRECT DEBIT AGREEMENT

Name: _____ SSN# _____

FINANCIAL INSTITUTION INFORMATION

*** ATTACH A VOIDED CHECK

Name of Financial Institution: _____

Routing #: _____ Account # _____

Checking _____ Savings _____

City: _____ State: _____ Zip: _____

AUTHORIZATION

I hereby authorize Solid Rock Property Management, LLC to initiate direct debit entries to my checking/savings account indicated above and the Financial Institution above to post the same to such account. I agree Solid Rock Property Management, LLC will debit the total balance due on my account at the time of the initiation unless other WRITTEN arrangements have been approved. Solid Rock Property Management, LLC will debit an additional \$2.00 convenience fee per transaction.

This authorization will remain in force until Solid Rock Property Management, LLC receives WRITTEN notice of cancellation from me. Notice of cancellation MUST be received at least 30 days prior to cancellation and in such manor to afford Solid Rock Property Management, LLC reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed prior to the receipt of the notice of cancellation.

I further authorize Solid Rock Property Management, LLC to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by rules of the National Automated Clearing House Association (NACHA) thereafter in effect.

Signed: _____ Date: _____