

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

East Coast Maintenance & Management
410 South Military Trail
Deerfield Beach Fl, 33442
954-428-7015

I/We hereby authorize East Coast Maintenance & Management, herein called the Company, to initiate debit entries to my/our Checking Account/Savings Account (circle one; account cannot be brokerage account) indicated at the financial institution named below, herein called Depository, and to debit the same to such account. I/We acknowledge that the original of ACH transactions to my/our account must comply with the provisions of the US law.

Bank Name _____ Bank Phone Number _____

9 Digit Routing Number _____ Account Number _____

Please attach a blank, voided check for verification of banking information. If banking information provided cannot be verified, the company will not be able to process your authorization agreement for direct payments. This authorization is to remain in full force and effect until the company has received written notification from me/us of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

SHOULD THERE BE ANY OUTSTANDING BALANCE DUE ON THE EAST COAST ACCOUNT AT THE TIME OF THIS ACH AGREEMENT, SAID BALANCE WILL BE DRAWN FROM THE AUTHORIZED ACCOUNT TO BRING THE BALANCE TO ZERO (0).

BALANCE DUE: _____

Printed Name: _____ Address _____

Today's Date: _____ Signature: _____

Local Phone Number: _____ Out of Town Phone Number: _____

Out of Town Address: _____

Please note: This form must be received by the 25th of the month in order for the Company to process your request for the following month. For example, a form received on January 24th would be processed for your February payment. A form received January 26th would be processed for your March payment. You may contact this office at the above phone number if you have any questions on how to complete form.

PLEASE ATTACH BLANK CHECK BELOW THE DOTTED LINE