

DEBIT AUTHORIZATION

I (we) hereby authorize **118 North Union Properties LLC.**, hereafter called COMPANY, to initiate **debit** entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below, hereafter called financial institution, to debit the same to such account for _____*. I (we) acknowledge that the origination of ACH transactions to my (our) account(s) must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION

ROUTING NUMBER

CITY

STATE

ZIP CODE

[]=CHECKING []=SAVINGS

ACCOUNT NUMBER

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature

118 North Union Properties LLC.

Signature

Print Name

118 North Union Properties LLC

Print Name

Social Security Number/Tax ID Number

41-2279905

Social Security Number/Tax ID Number

Date

Date

Please attach a voided check if checking account is selected.

Mail completed authorization form and sample "Voided Check" to:

- FOR COMPANY USE ONLY -

Date received _____ Processed by _____

Follow up action required _____

* Enter the purpose/source for the entries.