

**Michelson Rent Direct
Pre-Authorized Payment Program Agreement**

Property Name: _____

Resident(s) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Social Security number on Bank Account: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please indicate Checking or Savings account information below (Complete One)

Checking Account # _____

In order to set up your electronic funds transfer a check is required; please mark "VOID" over the signature line on your check and place an "X" in the amount. Please attach voided check to this authorization form.

Savings Account #: _____

In order to set up your electronic funds transfer a Bank Deposit Slip is required; please mark "VOID" over the signature line on your savings deposit slip and place an "X" in the amount. Please attach voided deposit slip to this authorization form.

Please Read the Important Information Below

- I. I authorize Landlord to charge my checking/savings account listed above for the amount of my total monthly rental and other charges, as applicable, incurred pursuant to my Lease. This includes any fee amount (e.g. NSF and/or late charges) as stated in my Apartment Lease for returned checks if my bank returns my payment unpaid.
- II. In making this authorization, I hereby authorize the financial institution listed above to debit each payment against my financial institution/bank account. I agree that each payment shall be the same as if it were an instrument personally signed by me.
- III. This authorization is to remain in effect until revoked by me in writing delivered to Landlord. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to the charging of my account. I understand, however, that both the financial institution and Landlord reserve the right to terminate this payment plan (or my participation therein) at any time, including, without limitation for the following:
 - A. If a charge against my checking/savings account is dishonored by my bank due to insufficient or otherwise unavailable funds.
 - B. If my account closes or has a "stop payment" issued against any authorized payment.
 - C. If I fail to comply with the terms and conditions of the Agreement
 - D. If for any reason Landlord discontinues the pre-authorized payment program.

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- IV. I may cancel any transaction by written notice at any time except during the ten (10) business days immediately preceding the scheduled automatic payment date. Notice of cancellation during that period may be effective prior to the following monthly processing period.
- V. Any charges assessed by my bank or financial institution on account of insufficient funds or incorrect enrollment information are my responsibility. I am also responsible for any electronic funds transfer fees or similar charges which may be incurred by my bank or financial institution.
- VI. I authorize the disclosure of information regarding this program to third parties about my account or any transfer under this program where it is necessary for completing transfers or in order to comply with government agencies or court order.
- VII. I release Landlord and any of its agents from any liability as a result of any incorrect or unauthorized transfers, including but not limited to any consequential damages as a result of any incorrect or unauthorized transfer, except for the gross negligence of Landlord.
- VIII. Any notice under this program shall be in writing and shall be served personally or delivered by US Mail, First Class, or by any other nationally recognized delivery service. Notices shall be directed to the address on the Lease and/or management office.
- IX. This agreement addendum contains all representation and the entire understanding and agreement between the Resident and Landlord with respect to the pre-authorized payment program. This agreement may not be modified or amended without the express written consent of both the Resident and Landlord.

MICHELSON REALTY COMPANY LLC
Managing Agent for Landlord

RESIDENT(S)

By: _____

Date: ___/___/___

Date: ___/___/___

This Section Only to Be Completed if Authorization is Rescinded by Resident(s)

I wish to terminate my enrollment in the Michelson "Direct Rent" Preauthorized Payment Program. I understand that I am responsible for contacting/advising my own financial institution/bank about this termination as necessary.

RESIDENT(S)

Date: ___/___/___
