

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS

ALL SEASONS, LLC

ID# 84-1509285

I, (we) hereby authorize ALL SEASONS, LLC, hereinafter called COMPANY, to initiate a credit entry to my (our) _____Checking_____Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ROUTING# _____ ACCOUNT # _____

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

I understand All Seasons, LLC will deposit monthly rent proceeds to the above said account between the 9th and 12th day of each month, unless otherwise notified. The money usually transfers within 24 hours after the deposit.

NAME(s) _____ ID NO. _____

DATE: _____ SIGNED _____

(STAPLE VOIDED CHECK TO THIS FORM)

If voided check is not attached, your funds will not be directly deposited.

I do not wish to have my deposits electronically deposited. I understand the deposit and statements will be MAILED by US mail, regular delivery, and All Seasons, LLC is not responsible for the length of time for delivery.

Initials