 CNLBank

ACH Debit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Company Name: Sandcastle Property Management

Company ID Number: SCPMB

I (we) hereby authorize <u>Sandcastle Property Management</u> , hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name:

Branch:

City:

State:

Zip:

Routing Number: (9 digits)

Account Number:

This authorization 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 DEPOSITORY a reasonable opportunity to act on it.

Name(s): please print

Individual ID Number: to be completed by Company
CT5 (*TERRACE 5*)

Signature:

Date:

Please attach a VOIDED CHECK to this authorization if a checking account will be debited.