



DIRECT PAYMENT

Authorization Form

I hereby authorize Ross Realty Inc. ("the Company") to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to the Company. This authorization will remain valid until either I, the Company, or my financial institution revoke it.

I can suspend payment of a monthly bill by notifying the Company at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account. I understand that two or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Company or my financial institution with respect to each other. I further understand that the Company and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Deposit plan, I may do so by notifying the Company.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number	Fixed Amount (Optional)

Please make payment on the 1st _____ 3rd _____ day of each month

Account Holder Signature _____ Date _____

Account Holder Printed Name _____

Joint Account Holder Signature _____ Date _____

Joint Account Holder Printed Name _____

For the Company to verify bank account and routing numbers, account holders should attach a VOIDED CHECK for each account holder account to be debited. The Company and account holders should retain completed copies of this form for their records.

Take note: If a voided check is not included with this form and an incorrect account or routing number is provided for the ACH auto pull, and the ACH is returned, you will be required to pay a \$30.00 ACH return fee.

THIS FORM IS FOR THE COMPANY/ACCOUNT HOLDER USE ONLY