



Prearranged Payment Authorization Agreement

I hereby authorize **HENDERSON PROPERTIES, INC.** (located at 919 Norland Road, Charlotte, NC 28205) to deduct (debit) my contracted monthly rental amount directly from my bank account listed below, between the 1st and 5th of each month.

Financial Institution:	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Routing Number:	Account Number:

Completed form must be received by the 20th of the month in order for the automatic payments to begin the following month. I understand that this authorization will be in effect until I notify Henderson Properties, Inc. in writing that I no longer desire this service. I also understand that if corrections in the debit amount are necessary, it may require an adjustment (credit or debit) to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE

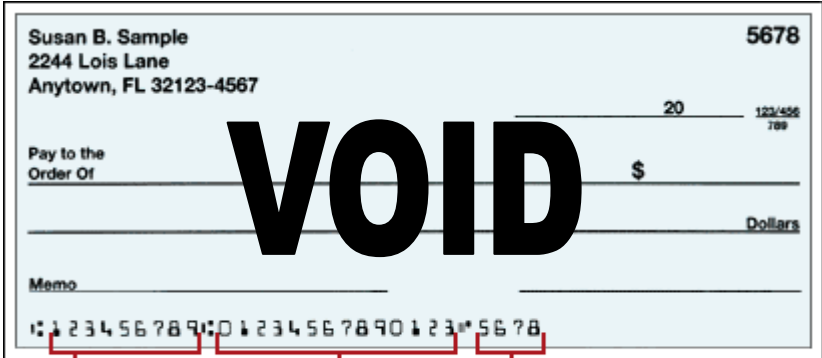
Customer Name (Please Print) _____

Signature _____

Property Address to which Rents will be applied _____

Date _____

A voided check or official documentation from your bank is REQUIRED.



YOUR 9-DIGIT BANK ABA ROUTING NUMBER

YOUR BANK ACCOUNT NUMBER

CHECK NUMBER (may appear before account number)