

Authorization Agreement for Automatic Deposits (CREDITS)

Owner Name:	Phone #:
Address(es) of Managed Property(ies):	

I (we) hereby authorize **HENDERSON PROPERTIES**, **INC.** to initiate credit entries or such adjusting entries to my (our) bank account indicated below and the depository (financial institution) named below to credit (or debit) the same account. **Debits will only be instituted if a credit was applied for the wrong amount.**

Financial Institution (Bank):	Account Type:
	Checking Savings
Branch City:	Branch Phone #:
ABA/Routing Number:	Account Number:

This authority is to remain in full force and effect until Henderson Properties has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Henderson Properties to act on it.

Signature

Signature

Date

A voided check or official documentation from your bank is <u>REQUIRED</u>.

Susan B. Sample 2244 Lois Lane		5678
Anytown, FL 32123-4567		
_		20 <u>123/456</u> 789
Pay to the Order Of		\$
		Dollars
Memo		
C123L55289CD1231	567890123-5678	
YOUR 9-DIGIT	YOUR BANK	