

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS (DEBITS)

COMPANY NAME Mount Royal Properties / Dillon Bay COMPANY ID NUMBER _____

I (we) hereby authorize Mount Royal Properties, Inc., hereinafter called Company, to initiate debit entries to my (our) Checking Savings (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same account.

DEPOSITORY NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effective until COMPANY and DEPOSITORY 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) _____ ID NO. _____
DATE: _____ SIGNED _____

PLACE A

VOIDED CHECK

HERE
