

LANDMARK SQUARE

Authorization Agreement for Automated Withdrawals

I (we) hereby authorize Landmark Square, to initiate a debit entry to my (our) checking account indicated below and the financial institution named below to debit the same to such account.

Resident Name: _____

Amount: _____

Date to pull funds: _____

Effective Date: _____

Financial Institution: _____

Routing # _____

Account Number _____

This authority is to remain in effect until Landmark Square and the financial institution listed above, have received written notification from me (or authorized signers) of its termination in such time, and in such manner, as to afford Landmark Square and the financial institution a reasonable opportunity to act on it.

PLEASE ATTACH A VOIDED CHECK

MUST BE COMPLETED BY ALL AUTHORIZED SIGNERS

Name (please print) _____

Date _____

Signature _____

Name (please print) _____

Date _____

Signature _____