

Direct Payment (ACH Debits) Authorization Form

RE: Schalmo Properties, Inc., PO Box 192, Canal Fulton, OH 44614

Rental payment for _____ Amount \$ _____

Mark One:

_____ Automatically direct pay rent each month on the _____ day of the month. (options: 1st – 5th)

_____ Keep authorization on file. If I choose to pay by auto debit I will e-mail or fax a note indicating the amount of payment and date I want the payment to take place on a month by month basis.

I (we) hereby authorize Schalmo Properties, Inc, hereinafter called Schalmo and the depository financial institution named below, hereinafter call Depository, to initiate electronic debit entries, and if necessary, credit entries to my (our) account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name

Branch

Routing Number

Account Number

Please enclose copy of voided check with this form

_____ Checking Account

_____ Savings Account

This authority is to remain in full force and effect until Schalmo has received written notification from me (us) of its termination in such time and manner as to afford Schalmo and Depository a reasonable opportunity to act on it.

Printed Name

Signature

Date