

LESSEE ACH AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY FEDERAL
NAME _____ ID NUMBER _____

I (we) hereby authorize _____, herein after called COMPANY, to initiate debit entries to my (our) Checking account indicated below and with the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK
NAME _____ BANK PHONE _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____

Designate Bank Account Type: _____ Corporate Account _____ Personal Account

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received at least thirty (30) days advance written notification from me (or either of us) of its termination. This authorization allows DEPOSITORY to pay COMPANY minimum rent, late fees, CAM expenses, taxes, insurance, and any and all other charges due under my (our) Lease with COMPANY.

NAME(S): _____ ID NUMBER: _____

DATE: _____ SIGNED: _____

DATE: _____ SIGNED: _____

Tenant's E-mail Address: _____

Office Phone Number: _____

Home/Cell Phone Number: _____

Fax Number: _____

Please fax (317-927-0725) or mail a **VOIDED CHECK** and **COMPLETED FORM** to Jessi Ammerman at

Sandor Development Company
2220 N. Meridian St.
Indianapolis, IN 46208
Attn: Accounting Department

*Please note that your provided e-mail address will never be sold to an outside party. The provided e-mail will only be used by Sandor Development to notify you of an upcoming payment or for notification purposes.