

DIRECT DEBIT AUTHORIZATION AGREEMENT

I authorize the Joseph Skilken Organization, 383 South Third Street, Columbus, Ohio 43215 (Landlord) to initiate direct debit entries to my CHECKING\_\_\_\_\_ / SAVINGS\_\_\_\_\_ account indicated below and the bank named below to debit the account. This debit authorization will remain in full force and effect until 10 days after Landlord receives a written cancellation from me.

BANK NAME\*\_\_\_\_\_ BRANCH\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

ROUTING TRANSIT/ABA NUMBER\*\_\_\_\_\_

ACCOUNT NUMBER\*\_\_\_\_\_

\* We will complete these items if a voided check or other document containing this information is attached.

LANDLORD'S USUAL RETURNED CHECK CHARGES APPLY IF YOUR BANK REFUSES PAYMENT FOR ANY REASON.

Please note direct debit will take place on the first working day of each month.

Resident Name\_\_\_\_\_ ID#\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_