

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I (we) hereby authorize **EFURD PROPERTIES, L.L.C.**, hereinafter called "COMPANY," to initiate credit to my (our):

- Checking Account
 - Savings Account
- (select one)

indicated below, at the depository Financial Institution named below, and to credit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____ Branch _____
(if applicable)

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY 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 Financial Institution a reasonable opportunity to act on it.

Name _____
(Please Print)

ID Number _____
(for Efurd Properties, LLC Internal Use)

Signature _____

Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**PLEASE ATTACH A VOIDED CHECK FOR ROUTING/TRANSIT
AND ACCOUNT NUMBER VERIFICATION.**