

AUTHORIZATION FOR AUTOMATIC RENT DEPOSITS

I, _____, hereby authorize and instruct The Property Management Specialists of Central Florida, Inc. (the "Company") to deposit rental proceeds and payments directly into my checking and/or savings account indicated below in the Deposit instructions and to make any such withdrawals directly from my account or accounts as are necessary to correct any incorrect deposit by the Company under this Authorization.

I further authorize and instruct the financial institution named below (the "institution") to accept such automatic deposits to my account or accounts by the Company and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits by the Company without any responsibility for the correctness of any such deposit or withdrawal.

Institution: _____

Institution Address: _____
(City) (State) (Zip)

DEPOSIT INSTRUCTIONS

Please deposit the full amount of each of my rent payments to my checking account number: _____

Please deposit the full amount of each of my rent payments to my savings account number: _____

Routing number: _____

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Company and the Institution. My cancellation will become effective as to the Company when the Company receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account or accounts by the Company up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the Institution when the Institution receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account or accounts by the Institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to our withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Company and the Institution governing accounts and preauthorized transfers to and from accounts.

I hereby state that I received a completed copy of this authorization on the date I signed this authorization.

Name: _____ Signature: _____

Date: _____