



AUTHORIZATION FOR AUTOMATIC DEPOSITS TO BANK ACCOUNT			
My Name:		Name of Company Initiating Payments ("Company"): Property Advantage Carlsbad, Inc.	
My Bank's Name & Branch:	My Bank's City, State, & Zip		
My Bank Account No:	My Bank's Routing Number (from checks):	Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	Automatic Date of First Automatic Deposit:
Amount of Each Deposit: <input type="checkbox"/> \$ _____ <input type="checkbox"/> Between \$ _____ and \$ _____ <input type="checkbox"/> Any Amount			
I hereby authorize Company and it's bank ("Bank of Marin") to initiate Deposits ("Credits") to my <input type="checkbox"/> Checking <input type="checkbox"/> Savings account ("My Bank Account") identified above through the Automated Clearing House system. These Credits are to be processed on the date indicated above. If this date, or the same day(s) of the month during which subsequent credits are to be processed, is (are) not a banking day on which the Credit can be processed, the Credit should be processed on the banking day before or after the scheduled date, at Company's option. I also authorize Company to initiate Withdrawals ("Debits") from My Bank Account to correct any errors that may have been made with Credits to My Bank Account. I authorize My Bank to process these Debits from and Credits to my Bank Account.			
This authorization will remain effective until I give Company written notice to the contrary and Company has had a reasonable period of time to act on that notice. My revocation of Company's authority to initiate Credits to My Bank Account will not affect Company's right to initiate Debits to My Bank Account to correct or adjust a Credit processed			
I Warrant to Company, Bank of Marin, and _____, My Bank that:		Today's Date:	
<input type="checkbox"/> Only my signature is needed on this authorization to make it effective for My Bank Account.	<input type="checkbox"/> Everyone whose signature is needed on this authorization to make it effective for My Bank account has signed it.	My Signature:	
		Signature of Other Required Signer:	

PLEASE RETURN THIS COMPLETED FORM WITH A VOIDED CHECK.
THANK YOU.

www.propadvantage.com

5142 Avenida Encinas ♦ Carlsbad, CA 92008 ♦ Ph (760) 585-1700 ♦ Fax (760) 438-6886