



DIRECT DEPOSIT AGREEMENT

Name: _____ SSN# _____

FINANCIAL INSTITUTION INFORMATION

*** ATTACH A VOIDED CHECK

Name of Financial Institution: _____

Routing #: _____ Account # _____

Checking _____ Savings _____

City: _____ State: _____ Zip: _____

AUTHORIZATION

I hereby authorize Solid Rock Property Management, LLC to initiate direct deposit entries to my checking/savings account indicated above and the Financial Institution above to post the same to such account.

This authorization will remain in force until Solid Rock Property Management, LLC receives WRITTEN notice of cancellation from me. Notice of cancellation MUST be received at least 30 days prior to cancellation and in such manner to afford Solid Rock Property Management, LLC reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed prior to the receipt of the notice of cancellation.

I further authorize Solid Rock Property Management, LLC to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by rules of the National Automated Clearing House Association (NACHA) thereafter in effect.

Signed: _____ Date: _____