



My East Bay Agent Leasing

A full service property management company

ELECTRONIC BANKING AUTHORIZATION

I authorize My East Bay Agent Leasing (originator) and their electronic banking company to initiate electronic entries to my account.

I accept full responsibility for the accuracy of the information given below to My East Bay Agent Leasing.

This authority will remain in effect until I have cancelled this agreement in writing.

I, the undersigned, take full responsibility for the account listed below on a monthly basis and reporting any discrepancies to My East Bay Agent Leasing.

I, the undersigned, understand it is my responsibility to contact My East Bay Agent Leasing if I fail to receive my monthly disbursement in the account listed below.

Owner name: _____

Financial institution: _____

Type of account: Checking Savings

Full name on account (print): _____

Account number: _____

Signature: _____

Date: _____

Please include a voided check or copy of a check; deposit slips are NOT accepted. Thank you.