



Check One of the Following:

New Enrollment

Add or Change Checking Account

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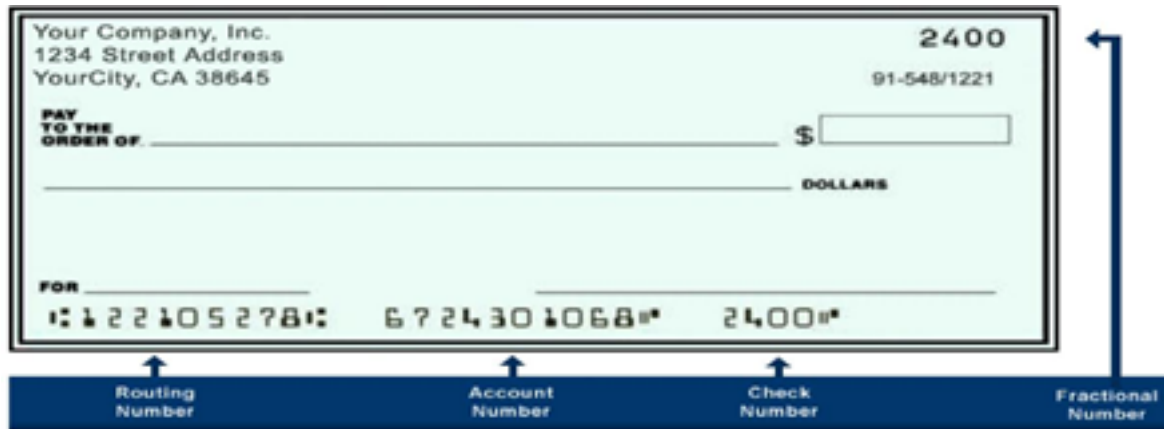
Company/Individual Name Telephone # E-mail Address

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Address City State Zip

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Bank Name Routing Number (9 digits) Checking Account #



**\*Please attach a voided check to top of check sample above**

**\*\*Please make sure a voided check from the account is given and not a deposit slip**

I hereby authorize Capital Property Management to deposit any amounts owed to me, as instructed by the Management Agreement, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit entries indicated by Capital Property Management to my account. In the event that Capital Property Management deposits funds erroneously into my account, I authorize Capital Property Management to debit my account for an amount not to exceed the original amount of the erroneous credit.

Owner:

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Print Name

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Signature

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Date