

AUTHORIZATION FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME: SOUTHERN PROPERTY MANAGEMENT SERVICES, INC. ("SPMS")

ACCOUNT HOLDER NAME: _____

I (we) hereby authorize SPMS, hereinafter referred to as "Company", to initiate credit entries to my (our) Bank Account detailed below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such an account in order to correct any errors that may occur. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY (BANK) AND ACCOUNT INFORMATION

Bank/Depository Name & Location: _____

Name on Account: _____

ACH Account Type: _____

ACH Routing Number: _____

ACH Account Number: _____

This Authority is to remain in full force and effect until COMPANY has received written notification from me (or either or us) of its termination in such a time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NOTE: RECEIVER MAY REVOKE THIS AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR, AT LEAST TEN (10) DAYS IN ADVANCE, IN WRITING VIA US MAIL OR VIA EMAIL AT SPMS@SPMSSTATESBORO.COM.

SIGNATURE X _____ **DATE:** _____