



AUTHORIZATION AGREEMENT FOR DIRECT ACH PAYMENTS

I hereby authorize Midboro Management, Inc. (herein referred to as Midboro) to initiate monthly debit entries (including debit or credit entry adjustments to reverse or adjust any erroneous entries) from the account indicated below for the *total* amount due indicated on the monthly billing statement I receive from Midboro. Such debit will occur on the tenth day of each month, or the next business day thereafter if the tenth of the month falls on a weekend or bank holiday. I agree to inform Midboro by telephone, e-mail or mail within five days of receipt of my monthly billing statement of items appearing on the bill that I am disputing and that such disputed item will not be transferred from my account but will appear as a delinquent item on Midboro's records until the dispute is resolved. I agree to notify Midboro in writing if I wish to discontinue the service. Such notification must be received by Midboro by the first day of the month such cancellation is to take affect. I acknowledge that Midboro reserves the right to cancel this agreement at its discretion upon written notification. I understand that lack of available funds in my account will result in reversal of the direct debit and I will be responsible for making other payment arrangements that month should this occur. I understand that Midboro is obligated to furnish a copy of this agreement to the receiving bank, Capital One Bank, should Capital One request this document.

Account Type (check one) Checking account Savings account

Bank Name _____ City _____

State _____ Zip Code _____

Account No. _____ Transit/A.B.A. No. _____

Property Address: _____ Apt. No. _____

Daytime phone No. _____

E-mail address _____

Print Name _____ Signature _____

Today's date _____

*Mail completed application to Midboro Management, Inc 148 West 37th Street – 8th Floor,
New York, NY 10018 attention: ACH processing.*

PLEASE ATTACH VOIDED SAMPLE CHECK HERE

Sales, Leasing, Financing & Insurance

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