

AUTHORIZATION AGREEMENT FOR CLIENTS OF HARRISON & LEAR INC., REALTORS

Please complete and return to our office with a voided check

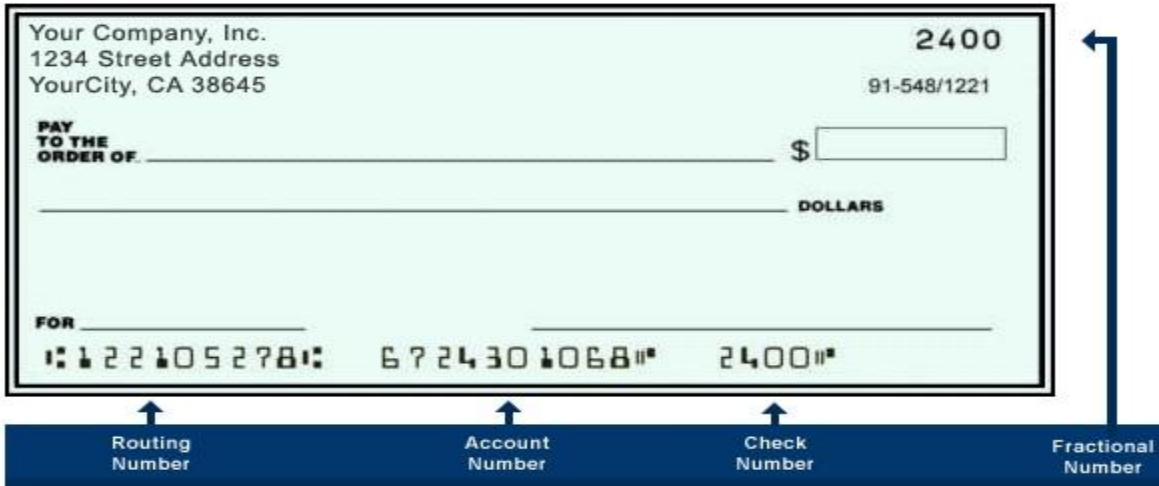
Direct Deposit for Owner / Vendors

Name Address Email Address Telephone

I (We) hereby authorize Harrison & Lear Inc., Realtors hereinafter called COMPANY, to initiate Credit entries and/or corrective entries to my (our) Checking, Savings account (select one) indicated below at the depository institution named below, herein call DEPOSITORY, to Credit the same such account. In the event that Harrison & Lear Inc., Realtors deposits funds erroneously into my account, I (we) authorized Harrison & Lear Inc., Realtors to debit my account for an amount not to exceed the original amount of the erroneous credit. I (we) acknowledge that the origination of ACH transactions to my (our) account comply with the provisions of United State Law.

Depository Name (Bank) Branch
City State
Bank Transit /ABA (Routing) Number Account Number

PLEASE ATTACH COPY OF VOIDED CHECK HERE (NO DEPOSIT TICKETS)



Name Co-Account Holder

Signature Signature

Date Date