

## Attention Residents

We offer Electronic Check Processing as a convenience to have your monthly rent payment automatically paid from your checking account rather than mailing your check every month. You may choose to have your monthly rent deducted either the 1<sup>st</sup> or the 4<sup>th</sup> of the month. To activate this process simply complete, sign, and **attach a voided blank check** to the authorization at the bottom of this letter. Then mail to David S. Brown Enterprises, Ltd. at 100 Painters Mills Road, Suite 900, Owings Mills, Maryland 21117.

As long as we receive the Authorization on or before the 10<sup>th</sup> day of the month, your electronic payment will be deducted either the 1<sup>st</sup> or 4<sup>th</sup> of the following month. If we receive your Authorization later than the 10<sup>th</sup> day of the month, the electronic payment will be deducted either the 1<sup>st</sup> or 4<sup>th</sup> day of the second month.

### Electronic Funds Transfer Authorization

I hereby authorize David S. Brown Enterprises, LTD. to notify my bank that I authorize scheduled Electronic Funds Transfer (EFT) from the checking account listed below to pay my monthly rent obligation. Payments will be deducted on the 1<sup>st</sup> or the 4<sup>th</sup> of every month, as indicated below, for the length of my lease term and any extensions, rent increases, or renewals thereof.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Checking account number: \_\_\_\_\_

Monthly amount to be debited on the 1<sup>st</sup> day of the month, as of the date hereof, subject to applicable increases as stated above: \$ \_\_\_\_\_

Monthly amount to be debited on the 4<sup>th</sup> day of the month as of the date hereof, subject to applicable increases as stated above: \$ \_\_\_\_\_

This Authorization will remain in full force and effect until David S Brown Enterprises, Ltd. receives written notification to terminate the authorization. The notification must be received at least ten (10) business days prior to a scheduled rent payment.

\_\_\_\_\_  
Residents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residents Signature

\_\_\_\_\_  
Date