

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

COMPANY NAME: Blue Sage Property Management, Inc, CRMC
PO Box 2116, Sequim, WA 98382

IN REFERENCE TO PROPERTY ADDRESS: _____

I (we) hereby authorized Blue Sage Property Management, Inc, hereinafter called COMPANY, to initiate debit/credit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit same to such account.

DEPOSITORY NAME: _____ **Branch:** _____
City: _____ **State:** _____ **ZIP:** _____
Transit / ABA Number: _____ **Account #:** _____

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

Name: _____ **SSN/FEIN:** _____

Date: _____ **Signature:** _____

PLEASE ATTACH A VOIDED CHECK HERE