AUTHORIZATION AGREEMENT FOR ACH CLIENTS OF J. LUIS PROPERTIES, INC *Please complete and return to our office with a void check*

NAME	ID Number (company use)
·	s to my (our)Checking,Savings account ry named below, herein called DEPOSITORY, to cknowledge that the origination of the ACH
DEPOSITORY NAME	BRANCH
CITY	STATE
BANK TRANSIT/ABA NUMBER This authorization is to remain in full force until COMPANY has 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 reasonable opportunity to act upon it.	
NAME	OTHER NAME, IF APPLICABLE
SIGNATURE	SIGNATURE
DATE Please attach copy	DATE of voided check below