



FOCUS REALTY ADVISORS, INC.
AUTHORIZATION FOR ELECTRONIC WITHDRAW

I/we authorize FOCUS REALTY ADVISORS, INC. to withdraw/debit my/our account at the DEPOSITORY (identified below), for the purpose of accomplishing the preauthorized payments:

NAME: _____

BANK NAME: _____

PHONE: _____ STATE: _____ ZIP: _____

ROUTING NO.: _____ (see VOIDED check/deposit slip attached)

ACCOUNT NO.: _____ Checking Savings

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization.

I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. Law. I/We understand that this authorization will remain in full force and effect until notification from me (or either of us) of its termination in such time and in such manner as to afford FOCUS REALTY ADVISORS, INC. and the Depository a reasonable opportunity to act on it.

ACCOUNT AUTHORITY (please print): _____

(Signature) (date) (Signature) (date)

(attach VOIDED check here)

Property Address: _____

Amount to be drafted: _____

Day of the month to draft: _____

These amounts will be drafted monthly on the day provided above throughout the term of the attached lease.