

AUTHORIZATION AGREEMENT FOR ACH DIRECT CREDIT

I hereby authorize TERRA RESIDENTIAL SERVICES, INC., hereinafter called Company, to initiate ACH credit entries to my (our) account indicated below at the depository named below, hereinafter called Depository.

New Authorization

Change to existing Authorization

Name on Account _____

Bank Name: _____

City/St: _____ Zip: _____

Transit Routing No. (ABA): _____

Account No.: _____

Type of Account: Checking Savings

This authority will remain in full force and effect until Company has received notification from the undersigned (or either of them, if more than one), **in writing**, in such time and such manner as to afford Company and Depository a reasonable time to act on it.

Name

Name

Social Security or Tax I.D. Number

Social Security or Tax I.D. Number

Signature

Signature

Date

Date

Instructions: Please complete the above requested information. **Name on Account** should be identical to the records at your Bank. The **Transit Routing No. (ABA)** is at the bottom of your check, along with the check number, and the account number. Please attach a copy of one of your checks, or a voided check (not a deposit slip). Sign and date. You may return it via FAX to (713) 895-9320, scanned and emailed to notice@terraresidential.com or mailed to 9977 W Sam Houston Parkway N, Suite 160, Houston, TX 77064. It will take approximately 2-3 weeks to activate this service after receipt of this Authorization.

OFFICE USE ONLY

Client Code: _____

SeaCoast Set Up: _____

PROMAS Adv. Sch. ACH Dist. Set Up: _____