



Birch Management, Inc. Resident ACH Authorization Agreement

I (We) hereby authorize Birch Management, Inc., herein after called Company, to initiate automatic draft entries and/or corrective entries to my (our) bank account indicated below at the depository institution named below, herein called Depository, to draft the same such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of the United States law.

Please complete the information below:

Client Name: _____
Account Code: _____ (Company Use Only)

Deposit Account Information

Account Type: Checking Savings

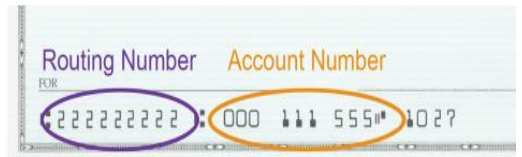
Name on Account: _____

Bank Name _____

Bank City/State: _____

Account Number: _____

Routing 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 (minimum of 10 business days) and in such manner as to afford Company and Depository reasonable opportunity to act upon it.

SIGNATURE: _____ **DATE:** _____

Please attach a copy of voided check (no deposit tickets) below