



ACH Authorization Form

I (we) hereby authorize Cambiar Real Estate Group L.L.C. (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. A copy of a voided check must be accompanied with this document for ACH authorization.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Permanent Address - PLEASE PRINT)

(Phone Number)

(Email Address)

TOTAL Amount: \$ _____ (DUE MONTHLY)

Withdrawal Date: _____ 1st _____ 3rd _____ 20th*

(*Please note: Rent is due on the 1st day of the Month and late fee takes effect on the 4th of the month, if you choose the 20th as your withdrawal date, your rent must be paid one month in advance.)

Start Date: _____ Number of Transactions: _____ Date of Last Transaction: _____

Account Type: Checking Savings

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

