

KALAMAZOO PROPERTY CORP. & MICHIGAN PROPERTY INVESTMENT CORP.

Automatic Payment Withdrawal Authorization

Pav	Payor Name(s) (as it appears on account with your bank): Address:	
Add		
City	y & State:	Phone Number:
I (v	ve) authorize Kalamazoo Property Cor	p. / Michigan Property Investment Corp. to
pro	cess a one-time debit in electronic form	in the amount of \$ on my (our)
acc	ount to serve as my (our) <u>SECURITY DE</u>	<u>POSIT</u> .
I (v	ve) authorize Kalamazoo Property Cor	p. / Michigan Property Investment Corp. to
pro	cess a debit in electronic form in the amo	ount of \$ on my (our) account
on f	he first of each month for <u>RENT</u> beginnir	ng <u>August</u> , <u>2020</u> , and ending
on t	the first of the month at the end of the le	ase term.
l (w	ve) acknowledge that I (we) have read,	understood and accepted all the provisions
con	tained in the Terms and Conditions of t	he Pre-Authorized Payment Authorization and
that	t I (we) have received a copy.	
Sig	nature of payor(s):	Date:
		Date:
* <mark>Ple</mark>	ase attach a check marked "VOID" to this application	OR provide your Checking Account & Routing Numbers*