

**Authorization Form
Direct Debit Of Account**

Name _____
Last First Middle SSN#

Check Applicable Election:

_____ **New Participant.** Complete and sign this form. Attach a voided check for each account or a deposit slip if account does not use a check.

_____ **Change** of accounts and/or financial institution. Complete and sign this form. Attach a voided check for each account or a deposit slip if account does not use a check.

_____ **Cancel participation.** Sign form.

Select Primary Account:

Checking Account # _____ Routing # _____

If using: Savings Account # _____

Dollar amount to be debited per payment period _____

Payment Period Monthly Rent on the 2nd Business Day of every month

Financial Institution _____

City & State _____

Authorization Statement:

I hereby authorize **Martin Jaffe Investment Company (MJIC)** and the financial institution above to debit my account electronically . This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. law.

Signature

Date

2nd Signature- If Joint Account

Cancellation:

In order to properly cancel this authorization, you must notify us in writing at:
MJIC
PO Box 410029
St. Louis, Mo. 63141-0029

You are entitled to receive a copy of this completed authorization.