



Cal West Asset Management

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AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

Company Name or Owner Name: _____

Property currently under management _____

Tax ID Number or SSN: _____

Email Address: _____ @ _____

I (We) hereby authorize Cal West Asset Management, herein called Company, to initiate **CREDIT** entries and to initiate, if necessary, **DEBIT** entries and adjustments for any credit entries in error to my (Our) [] Checking [] Savings account (select one) indicated below and the depository named below, herein called **DEPOSITORY**, to credit and/or debit the same to such account.

Credit Account Number _____

Depository Bank Name _____ **ABA/Routing Number:** _____

Branch _____ City _____ State _____ Zip _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

I have attached a **voided check** for checking account(s) mentioned above.

(Please print) (SS Number) (Signature) (Date)

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Attach voided check here on the space below: