



OLD NATIONAL BANK FOUNDATION[®]

AUTHORIZATION FOR DIRECT PAYMENT ACH Deposit Approval Form

Date: _____

Organization Name: Como Ave LLC / Best House on Campus LLC

Address: 1522 Como Ave SE, Minneapolis, MN 55414

Phone Number: Tom (612)670-5211 Grant (651)210-7314

I authorize Como Ave LLC or Best House on Campus LLC and the financial institution named below to initiate entries to my checking/savings account. I may revoke my authorization with the organization at any time by writing to the address above.

Security/Damage Deposit amount: \$ _____ Date: _____

Monthly Rent amount \$ _____ to be initiated the 1st of every month for term of lease

Signature: _____

Name (Please Print): _____

<p>Bank Name/Financial Institution: _____</p> <p>Type of Account: _____ Checking _____ Savings</p> <p>Bank Router Number: _____</p> <p>Account Number: _____</p>

Property Address: _____



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