

# CUSHMAN & WAKEFIELD / KLIK N PAY

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

### CONTACT INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

M.I. \_\_\_\_\_

TENANT ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### ONLY FOR OFFICIAL USE OF:

Company xxxx

xxxx

ACCOUNT: \_\_\_\_\_

START DATE: \_\_\_\_\_

### PAYMENT INFORMATION

SELECT ONE: \_\_\_\_\_ CHECKING ACCOUNT

ATTACH A VOIDED CHECK TO BACK

\_\_\_\_\_ SAVINGS ACCOUNT

ATTACH A VOIDED DEPOSIT SLIP TO BACK, IF AVAILABLE

BANK NAME: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

DAY OF THE MONTH TO DEBIT BANK ACCOUNT: \_\_\_\_\_

YOUR CHARGES MAY VARY FROM BILLING PERIOD TO BILLING PERIOD. IN THE EVENT THAT A DEBIT TO YOUR ACCOUNT WILL DIFFER FROM THE IMMEDIATELY PRECEDING DEBIT, YOU WILL HAVE TEN CALENDAR DAYS WRITTEN NOTICE (YOUR INVOICE) BEFORE THE DEBIT IS INITIATED. IF CUSHMAN & WAKEFIELD INVOICES YOU QUARTLERLY, YOUR ACCOUNT WILL ONLY BE CHARGED IN THE MONTH THAT YOUR INVOICE REFLECTS A BALANCE DUE.

### AUTHORIZATION

I (we) hereby authorize CUSHMAN & WAKEFIELD hereinafter called COMPANY, to initiate debit entries for payments to my (our) bank account indicated above at the depository financial institution name above, hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The authorization is to remain in effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

RETURN FORM TO CUSHMAN & WAKEFIELD. PLEASE CONTINUE TO MAKE YOUR SCHEDULED PAYMENTS AS USUAL. YOU WILL RECEIVE A LETTER IN THE MAIL NOTIFYING YOU WHEN AUTOMATIC PAYMENTS WILL BEGIN.