

**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 2<sup>nd</sup> 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

\_\_\_\_\_  
2<sup>nd</sup> 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.**