

DIRECT DEPOSITOR AUTHORIZATION AGREEMENT

Name: _____

McGrath Account Number: _____

Address: _____

Community Name: _____

I (we) hereby authorize McGrath Management Services, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Checking Account Information

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

ABA Number: _____ Account #: _____

This authorization 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.

Name(s): _____ Phone: _____
(Please Print)

Signature: _____ Date: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH COPY OF VOIDED BANK CHECK

RETURN FORM TO: MCGRATH MANAGEMENT SERVICES, INC., 444-D OLD POST ROAD, BEDFORD, NY 10506 T: (914) 234-0300 F: (914) 234-0889

Start Month: _____