

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS

ALL SEASONS, LLC

ID# 84-1509285

I, (we) hereby authorize ALL SEASONS, LLC, hereinafter called COMPANY, to initiate a credit entry to my (our) ___ Checking ___ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ROUTING # _____ ACCOUNT # _____

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

I understand All Seasons, LLC will deposit rent proceeds to the above said account between the 9th and the 12th day of each month, unless otherwise notified. The money usually transfers within 24 hours after the deposit.

NAME(s) _____ ID # _____

DATE: _____ SIGNED _____

(STAPLE VOIDED CHECK TO THIS FORM)

If voided check is not attached, your funds will not be directly deposited.

This form has not been approved by the Colorado Real Estate Commission. It was prepared by Kenneth E. Davidson, attorney for All Seasons, LLC CRMC.