



Automated Clearing House (ACH) Owner Authorization

I authorize Canden Property Management, originator, and _____,
originating depository financial institution as listed below to initiate electronic entries to my
account.

I accept responsibility for the accuracy of the information given to Canden Property
Management.

This authority will remain in effect until I have cancelled this agreement in writing.

I, the undersigned, understand it is my responsibility to contact Canden Property Management
immediately if I fail to receive my monthly disbursement in the account listed below.

Owner name _____

Financial institution _____

Type of account Checking Savings

Full name on account (print) _____

Account number _____

Signature _____

Date _____

**Please include a voided check or copy of a check; deposit slips are NOT
accepted. Thank you.**

Originating depository financial
institution _____

Routing number _____

Accepted by: _____

Date _____