

# NorthSteppe Realty

10 E 17<sup>th</sup> Ave Columbus, OH 43201 \*\* 614-299-4110 Fax 614-298-7070

142 W 8<sup>th</sup> Ave, LLC  
14<sup>th</sup> Ave 2005, LLC  
1770 Summit, LLC  
20 E 14<sup>th</sup> Ave, LLC  
270 E 12<sup>th</sup> Ave, LLC  
2549 Indianola, LLC  
34 Chittenden, LLC  
42 W Oakland, LLC  
604 Rich Street, LLC  
All Columbus Management, Inc  
Bershire Rentals, LLC

Bryce Culver, Inc  
Buckeye City, LLC  
Gateway 2000, LLC  
German Village Tonwhomes, LLC  
Gray Rental Properties, LLC  
Indianola Forest, LLC  
Michael Linsker, Inc  
N 4<sup>th</sup>, LLC  
North Campus Rentals, Inc  
North Campus Rentals II, LLC  
North High Street LLC

Northwood Park Rentals, LLC  
Ravine Ridge Rentals, LLC  
Richard Graff, Inc  
South Campus Rentals, LLC  
Slalom Rentals, LLC  
University Lofts, LLC  
Waldeck Rentals, LLC  
Westwood Property Rentals, LLC  
William Patrick Company, Inc  
Zawits Properties, LLC

ADDRESS TO APPLY PAYMENT: \_\_\_\_\_

Primary tenant Last Name: \_\_\_\_\_ Amount to be debited \$ \_\_\_\_\_

Tenant name: \_\_\_\_\_ Contact phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Lease dates: \_\_\_\_\_ Prepaid last month rent: ( ) YES ( ) NO

Start date: \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize NorthSteppe Realty, hereinafter called COMPANY, to initiate debit entries to my (our)

select one ( ) **Checking Account** or ( ) **Savings Account**

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 transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_  
(Bank Name)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

**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) \_\_\_\_\_  
(on account) (Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(of account holder)

**PLEASE RETURN DOCUMENT TO OFFICE WITH:  
A VOID OR COPY OF CHECK FOR ACH FROM CHECKING ACCOUNT  
Or A DEPOSIT TICKET FOR ACH FROM SAVINGS ACCOUNT**