



**33<sup>rd</sup> Company, Inc.**  
 1951 Woodlane Drive Suite 100  
 St. Paul, MN 55125  
 (651) 777-5500 Fax (651) 777-5501

**AUTHORIZATION AGREEMENT FOR AUTOMATIC ELECTRONIC FUNDS TRANSFER (EFT/ACH)**

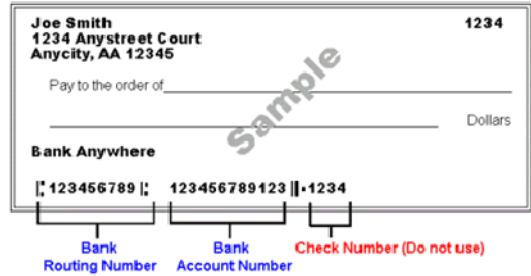
Account Holder(s) hereby authorize **33<sup>rd</sup> Company, Inc. EIN / Federal Tax ID # 41-1758946**, hereinafter called "MANAGER", to initiate automatic electronic funds transfers (EFT/ACH) credit or debit entries, as required, to our:

**Checking**                       **Savings**                      **Start Date** \_\_\_\_\_

Account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

\_\_\_\_\_  
 FINANCIAL INSTITUTION NAME                      CITY                      STATE                      ZIP

\_\_\_\_\_  
 ABA ROUTING NUMBER                      ACCOUNT NUMBER



Attach Voided Check Here

Please attach a voided check or photocopy of a check on the above account in order that we may have verification of the account information provided above.

This authority is to remain in full force and effect until MANAGER has received written notification from me (or either of us) of its termination in such time and in such manner as to allow MANAGER and INSTITUTION a reasonable opportunity to act on it.

**ADDRESS OF THE PROPERTY:** \_\_\_\_\_

**ACCOUNT HOLDER(S) INFORMATION:**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Print Account Holder Name	Signature	Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Print Account Holder Name	Signature	Date

**MANAGER: 33<sup>rd</sup> Company**

Print Name	Signature	Date
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