



APPLICATION AND AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT

SETUP _____ UPDATE _____ CANCELLATION _____

Owner Number:	
Owner Name(s):	
Tax ID / SSN:	
Mailing Address:	
City, State, ZIP Code:	
Owner Phone Number:	
Owner Email:	

Account Type (checking or savings): _____

Name on Bank Account: _____

Name of Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

The below named owner(s) hereby authorizes MCM Operating, LLC and its subsidiaries (collectively, "MCM") to make EFT (electronic funds transfer) payments via ACH. If interest is jointly held, both owners must provide a signature below. The undersigned hereby agrees that MCM may reverse any electronic payment that is determined to be duplicate or made in error. Such owner further agrees that authorization of EFT as evidenced by the signature below amends your existing payment instructions to us and such authorization will remain in effect until otherwise cancelled by you by way of written notification to MCM. Owner may change any portion of the information provided by giving at least thirty (30) days written notice. Owner agrees that MCM will not be liable for any interest or other claim arising as the result of Owner's failure to give such notice.

Owner hereby agrees to the terms stipulated herein, certifies that the depository information listed is accurate and authorizes OP to issue payments to me electronically via ACH.

Owner Name(s): _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

ATTACH VOIDED CHECK HERE*

IF THE ROUTING AND/OR BANK ACCOUNT NUMBER PROVIDED IN THE ABOVE DO NOT MATCH THE CHECK OR LETTER THEN THE DIRECT DEPOSIT ENROLLMENT WILL NOT BE PROCESSED.

*IN LEIU OF A VOIDED CHECK, PROVIDE A LETTER FROM THE BANK/FINANCIAL INSTITUTION WITH YOUR NAME, ROUTING NUMBER, AND ACCOUNT NUMBER