

Exhibit A

Automated Clearing House (ACH) Authorization Form

Please complete the information below, attach a voided check and return to our office.

Please print clearly.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_ (9 digits)  
Account Number: \_\_\_\_\_ Draft Amount: \$\_\_\_\_\_.\_\_\_\_\_  
Financial Institution Name: \_\_\_\_\_  
Property Address Monthly Draft is for: \_\_\_\_\_

As a convenience to me, I hereby request and authorize Adams Properties and the financial institution named above to initiate electronic entries from my checking or savings account.

I agree that your treatment of each entry shall be the same as if each such item were signed personally by me. I further agree that such authorization, unless previously terminated by me in writing, is to remain in effect until 5 business days after receipt by you of my written notification to cancel the authorization.

By signing this I agree that the authorization shall be on the 10<sup>th</sup> of every month (except when the 10<sup>th</sup> falls on a weekend, in this case it will be the Monday following) unless Adams Properties provides me written notice stating otherwise.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

ATTACH VOIDED CHECK HERE  
(No deposit slips, or starter checks – name must be printed on check)  
*If savings account selected, complete Financial Institution section in full only*