## EXHIBIT "C" AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

This is my authorization to The Rosemyr Corporation (<u>Tax ID: 56-0603729</u>) to automatically debit my account for monthly Base Rent and Additional Rent Charges (including charges for Utilities, HVAC Reimbursement, Late Fee or NSF Fee, if applicable):

( ) Ch	ecking Account Nu	mber:	Routing Numbe	r:
( ) Sa	vings Account Nu	mber:	Routing Numbe	r:
	0		C	
At the		Branch of	in	
-	Branch	Branch	Financial Institution	City State & Zip Code

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. If within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

## THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.

Customer Name:\_\_\_\_\_

Tax ID Number:\_\_\_\_\_

Signature:	

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