



ACH CREDIT AUTHORIZATION FORM

I (we) hereby authorize PACIFIC BAY ESTATES, INC. to initiate entries to my (our) checking/savings accounts at the financial institution listed below. This authority will remain in effect until PACIFIC BAY ESTATES, INC. is notified by me (us) in writing to cancel it in such time as to afford PACIFIC BAY ESTATES, INC. and the financial institution indicated below, a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Name As it Appears on Bank Account)

(Address As It Appears on Bank Account)

Financial Institution Routing Number:

Checking/Savings Account Number:

(Signature)

(Date)