



FLATLEY MANAGEMENT COMPANY, LLC

45 Braintree Hill Office Park • Braintree, MA 02184 • Tel: (781) 848-2000

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)/CREDIT CARDS

Name _____ Company ID Number # 2274032800

I (we) hereby authorize Braintree Hill Office Park LLC, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account/Credit Card (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH/Credit Card transactions to my (our) account must comply with the provisions of U.S. law.

Monthly Amount _____ Start Date _____

ACH Information

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Checking Account Savings Account

Credit Card Information

Credit Card Type Visa Master Card Discover AMX

Card Number _____ Expiration Date _____ Security Code _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. 1 month prior to next bank withdrawal.

Names _____ ID Number _____

Signature _____ Date _____