

Authorization Agreement for Direct Payments (ACH Debits)

COMPANY NAME (Please Print) _____

I hereby authorize the **University of Washington** to automatically withdraw the funds from my account identified below. I also authorize the financial institution named below to accept such withdrawals. In the event of an incorrect amount or entry, I authorize the **University of Washington** to reverse this transaction. Unico will reimburse bank charges resulting from any error up to \$25 per occurrence.

Funds to be withdrawn on the first working day of the month are as follows:

- Base rent payment specified in our signed lease agreements, including any signed amendments.
- Operating cost escalators currently charged, if any. I understand that I will be notified of changes in operating cost escalators, which are effective January 1 of each year. New operating cost escalator amounts will be withdrawn from my account unless I notify the **University of Washington** by December 20th of each year.
- Fixed charges as specified below:

DESCRIPTION	AMOUNT	ACH START DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INSTITUTION:

ACCOUNT NAME: _____

TRANSIT ROUTING/ABA: _____ ACCOUNT #: _____

ACCOUNT (Please Choose): CHECKING _____ SAVINGS _____ ACCOUNT _____

(Please Choose): BUSINESS _____ PERSONAL _____

This authorization is to remain in full force and effect until **University of Washington** has received a 30-day written notification of termination, or until expiration of our lease.

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

CONTACT NAME AND PHONE (if different) _____

PLEASE RETURN TO: **Unico Properties LLC**
Attn: Treasury Manager
1326 Fifth Avenue, Suite 800
Seattle, WA 98101
Or email to ElsbethW@unicoprop.com

Please attach a sample VOIDED CHECK here.