

BRANDS CAPITAL CORP.

P.O. Box 8221 • Pittsburgh, PA 15217 • info@brandscapital.com • 412-226-8989

Authorization for Electronic Funds Release (Checking)

I. Applicant Information

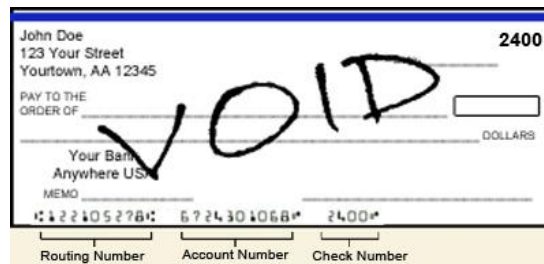
Tenant Name:		Tenant E-mail:	
Property Address:			
Monthly Rent:	I am: ___ Setting up ___ Modifying ___ Cancelling my account		

II. Bank Information:

Account Holder's Name:	Address of Bank:
Bank Name:	
City:	Zip Code:

III. Account Information:

Account Type: ___ Checking ___ Savings
Bank Transit Routing Number:
Account Number:



IV. Signature

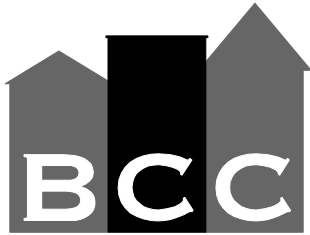
I hereby authorize Brands Capital Corp to begin withdrawing funds on the ____ day of each month (on the 1st if not specified) from the checking account listed above, in the amount of my monthly rent charges.

Signature of Account Holder

Date

Printed Name of Account Holder

Please included a blank check or savings deposit slip with the word "VOID" written on it.



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Authorization for Electronic Funds Release (Credit/Debit Card)

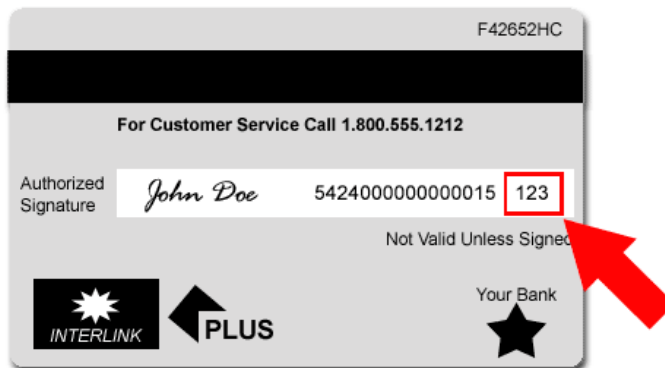
V. Applicant Information

Tenant Name:	Tenant E-mail:
Property Address:	
Monthly Rent:	I am: ___ Setting up ___ Modifying ___ Cancelling my account

VI. Credit Card Information:

Account Holder's Name:	Expiration Date:
Card Type (Visa, Mastercard, etc.):	Security Code (see below):
Card Number:	Billing Zip Code:

Back of Your Credit Card



VII. Signature

PLEASE NOTE: A 4% fee for Debit/Credit Card payments will be added.

I hereby authorize Brands Capital Corp to begin withdrawing funds on the _____ day of each month (on the 1st if not specified) from the credit card listed above, in the amount of my monthly rent charges.

Signature of Account Holder

Date

Printed Name of Account Holder