Authorization for Direct Deposit

I authorize EIP to deposit my rent or revenue share automatically to the account(s) indicated below via ACH. This authorization will remain in effect until I cancel it in writing and in such time as to afford EIP a reasonable opportunity to act on it.

To report a change of owner and/or payee, please complete a Change Request Form.

Payee Name:		
Site Name/Number:		
Name on bank account:		
Bank account number:	Checking	_ Savings
Bank routing number (ABA) for ACH transfers:		
Important: Please attach a voided check for the bank acco	ount to which fur	nds should be
deposited.		
Payee signature:		_
Date:		
Return to:		
Everest Infrastructure Partners Attn: Maureen Doyle		
Two Allegheny Center		
Nova Tower 2, Suite 703		
Pittsburgh, PA 15212		
Or		
and the second s		
maureen.doyle@everestinfrastructure.com		