



DIRECT DEBIT/CREDIT AUTHORIZATION FORM

Name as it Appears on Bank Account: _____

Bank Name: _____

ABA Routing Number: _____

Account Number: _____

I certify that I am an authorized owner of the referenced bank account above and therefore authorize Casiola LLC to initiate debit and/or credit entries for services provided under our Short Term Rental Management Agreement, including required Working Capital. This authorization will remain in effect until I have cancelled in writing.

Signature

Date

Print Name