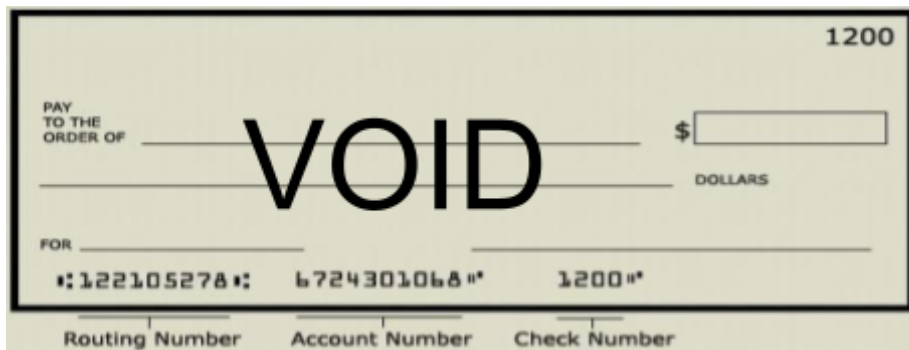


OWNER DIRECT DEPOSIT AUTHORIZATION FORM

Print Name (as appears on account):		
Property Address (Managed):		
Account Type: ___ Checking ___ Saving		
Bank Name:	*Routing#:	**Account #:



_____ I hereby authorize RE Solutions XV LLC to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution indicated on this form.

_____ I understand that I must give at least (30) days in advance written notice of any change in the payment instructions.

Signature Date

Signature Date

Full Name

Full Name

IMPORTANT TAX INFORMATION

The following items need to be completed exactly as they would appear on your tax filing documents. This information will be verified at the end of each year through a secure form sent to all 1099 recipients as to provide the IRS correct information and not incur any penalties.

Name: _____
(As shown on your income tax return)

Address: _____

City, State, Zip code: _____

Taxpayer Identification Number (TIN)

The TIN provided must match the name given above to avoid backup withholding. For individuals, this is generally your social security number. For other entities, it is your employer identification number.

Social Security Number: _____

If property is not under an LLC, Corporation or Trust, fill out information below.

Business Name/Disregarded entity Name: _____
(If different from above)

Employer Identification Number: _____

The 1099s are sent to the primary property owner (one person). Please fill out information for the primary individual that will be on your tax filing documents.

Tax Classification of the person whose name is above:

___ Individual/Sole proprietor or Single member LLC

___ C Corporation

___ S Corporation

___ Partnership

___ Trust/Estate

___ Limited Liability Company.

Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____