

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize You Buy We Manage, LLC (hereinafter referred to as "YBWM") to initiate electronic deposits to my account at the financial institution named below. I also authorize YBWM to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold YBWM responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand it is my responsibility to contact YBWM immediately if I fail to receive my disbursement in the account listed below.

This agreement will remain in effect until YBWM receives written notice of cancellation from me or my financial institution, or until I submit a new Direct Deposit Authorization Form to YBWM.

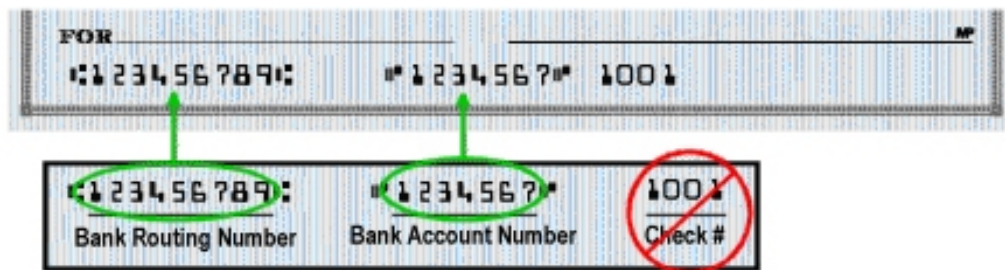
Name of Financial Institution: _____

9-Digit Routing Number: _____

Bank Account Number: _____

Checking _____ Savings _____ (*select one*)

For help determining the routing and account numbers, please see sample check below



Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a **voided** check and then scan and email to info@youbuywemanage.com or fax to (954) 283 - 7593