AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Kentucky Realty Corporation and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited my account up to (15) days following issuance of my financial institution statement or (60) day after posting, whichever occurs first.

statement or (60) day after posting, whichever occurs first.		
NAME OF FINANCIAL	L INSTITUTI	ON
Address		
City	State	Zip
ACCOUNT NUMBER		This is a () Checking () Savings
ROUTING NUMBER _		(9 digit string at the bottom of your checks)
AV	OIDED CHE	CCK MUST ACCOMPANY THIS FORM
I authorize Kentucky Realty Corporation to initiate electronic entries to my checking/savings account and agree to the terms on the authorization for payment of my monthly maintenance fee dues.		
NAME OF COMPLEX		Date
Signature		Print
Please complete ALL fi	ields in this fo	orm, attach a VOIDED check and mail to:
Kentucky Realty Con attn/ Accounting Dep 3944 Bardstown Roa Louisville, KY 4021	ot. ad 8	
Questions? Call 502-47	73-0003	