AUTHORIZATION FOR AUTOMATIC RENT PAYMENT PLAN

I /we hereby authorize Iowa Rentals LLC to initiate debit entries to my/our account indicated below, and the financial institution (hereinafter called "Bank") to debit the same to such account.

Account Information

Bank Name:	Type of Account (circle): CHECKING SAVINGS
Bank Routing Number: (see diagram below)	Bank Account Number: (see diagram below)

(City, State, Zip) (Account Number)

A voided check must be attached to this form. This Authority is to remain in full force and effect until Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Bank a reasonable opportunity to act on it. After Customer has the right to stop payment of a debit entry by notification to Bank prior to charging account. After account has been charged, the customer has the right to have the amount of an erroneous debit immediately credited to the account by Bank up to 15 days following issuance of a bank statement or 45 days after posting, whichever occurs first.

(Your Name — *Please Print*) (Social Security Number)

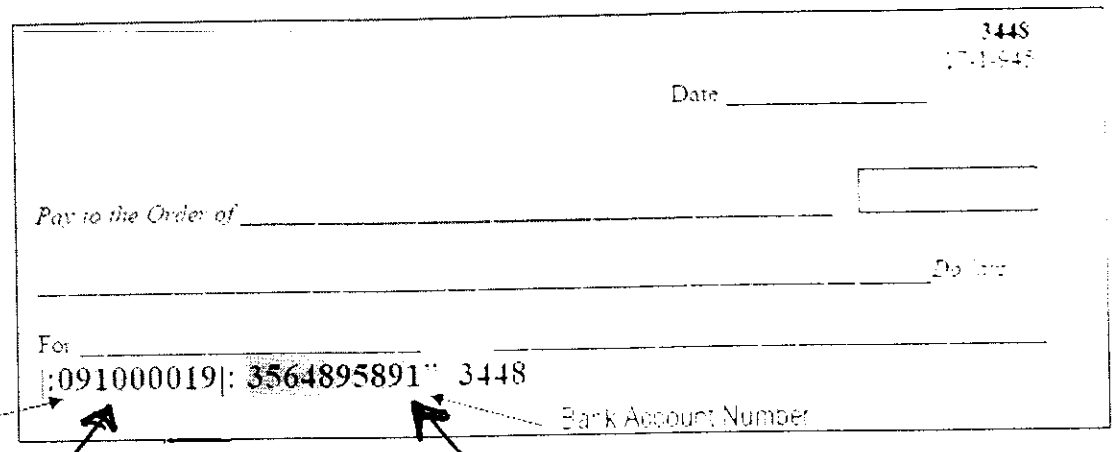
(Your Signature) (Date)

Month Effective Date: _____ Apartment Name: _____ Apartment #: _____

Lease Expiration Date: _____ Amount: $_____

Signature: _____ Date: _____

Attach a COPY of a Voided Check



Routing Number

Bank Account Number