

EXHIBIT C
Authorization Agreement for Direct Deposit (ACH Credits)

I hereby authorize Alliance Business Group dba Rent Napa Valley ("Company") to initiate credit entries to my account indicated below, and the Financial Institution named below to credit the same to such account. Charges to said account by Company and Financial Institution may only be made to reverse credit amounts erroneously posted.

This authorization is to remain in full force and effect until Company has received proper written notification from me of its termination in such a time and manner as to afford Company a reasonable opportunity to act upon it. (*See below.)

PLEASE PRINT:

My Financial Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Branch Designation: _____ Telephone #: _____

ABA Routing Number: (Printed 9 digits between colons at bottom of your checks)

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My Account Number: (See your bank statement)

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Please check account type: Checking Savings

PLEASE PRINT

My Name (as it appears on my bank account):

Last Name:

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First Name:

--	--	--	--	--	--	--	--	--	--	--

Middle Initial:

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Home Phone Number: _____

Your Authorized Signature: _____

Date: _____

Your email address _____

Yes, I would like to receive Electronic Owner Statements.

Owner acknowledges this page _____