

MEMORANDUM

TO: TENANT@ 875 W.E. Apartment Inc.
DATE: SEPTEMBER 3, 2010
RE: AUTOMATIC MAINTENANCE PAYMENTS

From: Donald Skupinsky

We are pleased to announce that we can now offer you the ability to have your monthly maintenance and other charges due to the cooperative relative to your apartment automatically deducted from your bank account on the 5th day of each month. There is no charge for this service and you are free to discontinue it by notifying us before the 15th of any month for the following month.

If you are interested, please fill out the attached form and return it to:

Orsid Realty Corporation
1740 Broadway, 2nd Fl
New York, NY 10019
Attn: Zenna Shneider

Please be advised that there is a one-month lead-time necessary to activate this process with the bank. Requests submitted prior to the 15th of the month will be activated for the following month. Those submitted after the 15th will not take effect for 45 days. (i.e., requests submitted November 1-15 will be in effect for December 1 maintenance payments; requests submitted November 16-30 will be in effect for January 1 maintenance payments)

If you have any questions, please feel free to contact Zenna Shneider at 212-484-3759.
Fax 212-586-4524. Email: zshneider@orsidr.com.

CREDIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company 875 W. E. Apartment Corp.

Number 13-2960358

I (we) hereby authorized 875 W. E. Apartment Corp., hereinafter called Company, to initiate credit entries to my (our) Checking Savings account (select one) indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same to such account.

DEPOSITORY

SHAREHOLDERS

BANK

NAME _____

NAME _____

APARTMENT NO. _____

STATE _____ ZIP _____

Account Information

ROUTING NUMBER _____

ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has shareholder written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSTIORY a reasonable opportunity to act on it.

NAME (S) _____
(Please Print)

Social Security Number _____

DATE _____ SIGNED _____ SIGNED _____

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Please enclose a voided blank check if checking account is indicated above to ensure the correct bank routing.