R SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER



PERRY REID

## Prairie Glen - Salina Housing Ventures LLC

dba Reserve at Prairie Glen 9200 Andermatt Dr Ste A Lincoln, NE 68526 402-488-1666 Pinnacle Bank 5651 S 59th St Lincoln, NE 68516 (402) 434-3185 104913912

1234

DATE

05/17/2024

\*\*\*\* ONE THOUSAND TWO HUNDRED THIRTY FOUR AND 56/100 DOLLARS

\$1,234.56\*\*\*

TO THE

Vendor Name

ORDER OF AND Optional second vendor

Line1 Vendor Address Line2 Vendor Address Line3 Vendor Address MEMO: Optional check memo

**VOID AFTER 6 MONTHS** 

VOID

Co.

SECURITY FEATURES INCLUDED, DETAILS ON BACK

g.

"104913912" 2300354665# OO1234

DATE:05/17/2024 CK#:1234 TOTAL:\$1,234.56\*\*\* BANK:Pinnacle Bank - SPG1 & SPG2(spg) PAYEE:AND Optional second vendor() Vendor Name MEMO: Optional check memo

Property Address - Code

Invoice - Date

Description

**Amount** 

1234 North Main St. 53 South Maple St.

333123 22-100

Replace windows north side Replace carpets downstairs #5

1000.55 234.01

1,234.56

DATE:05/17/2024 CK#:1234 TOTAL:\$1,234.56\*\*\* BANK:Pinnacle Bank - SPG1 & SPG2(spg) PAYEE:AND Optional second vendor() Vendor Name MEMO: Optional check memo

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1,234.56

## YourRenters III Insurance Group

## CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)

I (we) hereby authorize YRIG Risk Retention Group, Inc or Your Renters Insurance Group, LLC (collectively YRIG) to electronically credit my (our) account and, if necessary, to electronically debit my (our) account to correct erroneous credits as follows:

	•
Select One:	
Checking Account	
Savings Account	
at the depository financial institution named transactions I (we) authorize comply with a	l below ("DEPOSITORY"). I (we) agree that ACH Ill applicable law.
Depository Name Pinnacle Bank	
Routing Number 104913912	Account Number 2300354665  a Housing Ventures LLC dba Reserve at Prairie Glen
Name(s) on the Account Prairie Glen - Salin	ua Housing Ventures LLC dba Reserve at Prairie Glen
Traine(s) on the Account	
writing, 15510 Wright Brothers Dr. Addison, I (we) understand that YRIG requires at leas	I remain in full force and effect until I (we) notify YRIG in TX 75001 that I (we) wish to revoke this authorization. It I week prior notice to cancel this authorization.
Name(s) Craig Reid	(Please Print)
Signature(s)	•
Date 05/17/2024	
(	Check Copy