

Direct Deposit Authorization Form

Direct Deposit for Owners/Vendors

Name of Management Company: _____

Name of Individual: _____

Phone Number: _____

Email address: _____

Address: _____ City: _____ State: _____

Bank Name: _____

Routing Number (9 digits): _____

Account Number: _____

I hereby authorize Bank to deposit any amounts owed to me, as instructed by the Management Company listed above, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit entries indicated by the financial institution to my account. In the event that financial institution deposits funds erroneously into my account, I authorize financial institution to debit my account for an amount not to exceed the original amount of the erroneous credit.

Owner/Vendor:

Print Name

Signature

Date