

Direct Deposit Authorization Form

1. Payee Information

Account Holder Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City/State/Zip: _____

2. Bank Account Information

Bank Name: _____

Account Ownership: Personal Business

Account Type: Checking Savings

Account Number: _____

Routing Number: _____

3. Verification Notice

Please verify that you have copied your account and routing numbers exactly as shown on your bank account. Incorrect routing or account numbers may result in improper credit or delays in receiving funds.

4. Payment Authorization

I authorize the entity issuing payment to initiate ACH credit entries to the bank account listed above and, if necessary, initiate adjustments for any transactions credited or debited in error.

I understand it is common for funds to be credited to my account before it can be certain tenant funds have not been returned, and debit authorization shall cover reimbursement of tenant NSF funds, if applicable.

This authorization will remain in effect until written notice is provided to revoke or change it.

5. Acknowledgment & Signature

Printed Name: _____

Signature: _____

Date: _____