



Direct Deposit to Owner Form



This authorization form gives your management company and your financial institution authority to deposit your rental income to your account.

ANY CHANGES TO THIS WITHDRAWAL MUST BE REQUESTED IN WRITING AT LEAST TEN (10) WORKING DAYS PRIOR TO THE SCHEDULED WITHDRAWAL DATE AND MUST BE MADE IN WRITING.

OWNER NAME: _____

PROPERTY MANAGER NAME: _____

BEST CONTACT PHONE: _____ ALT PHONE: _____

BANK OR FINANCIAL INSTITUTION: _____

ADDRESS: _____

BRANCH: _____ PHONE: _____

BANK ROUTING #: _____

() CHECKING () SAVINGS ACCOUNT #: _____

BY DEFAULT IF NO ACCOUNT TYPE IS SELECTED YOU WILL BE ENTERED AS A CHECKING ACCOUNT

By signing below I/We hereby authorize WEST USA REALTY or Denise Pruitt PC to initiate electronic credit entries to my account listed above. If necessary, debit entries and adjustments for any credit entries to this account. I acknowledge that the origination of ACH transactions to my account and comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

SIGNATURE: _____

DATE: _____

PLEASE ATTACH A VOIDED CHECK OR BANK VERIFICATION FORM WITH THIS APPLICATION.

****PLEASE NOTE THAT IF YOU DO NOT ATTACH A CHECK OR FAIL TO FILL OUT ANY INFORMATION THAT THIS FORM WILL BE RETURNED AND POSSIBLY NOT PROCESSED.****

OFFICE USE ONLY

Date Received: _____

Date Received: _____