

Electronic Funds Transfer Authorization

I hereby authorize Association Property Managers to directly withdraw my payment from the bank account listed below. *I have attached a voided check or deposit slip for the account specified below.

Property Address: _____

Owner Name: _____

Address: _____

Telephone: (_____) _____ Email: _____

Signature: _____ Date: _____

Company Use Only: Effective Date _____

Account #1 Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Account Number: _____

Routing Number: _____

Company Use Only: Received/Enter by: _____

Other / Notes:

Please check one:

Recurring monthly payments _____

Single payment _____

