



RE/MAX ATLANTIC PROPERTY MANAGEMENT
7840 Gate Parkway, Jacksonville, FL 32256 Office: 904-652-0020 / Fax: 904-652-0028

OWNER/VENDOR DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Property address: _____,

I hereby authorize RE/MAX ATLANTIC, hereinafter called the Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (**check one**): _____ checking _____ savings account indicated below and the financial institution named below, hereinafter, called Depository, to credit and/or debit the same to such account.

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____

ROUTING NO. _____ ACCOUNT NO. _____
Routing # (1st 9 digits) Account # (4-20 digits)

This authority is to remain in full force and effective until the Company has received written notification from me and its termination in such time and in such manner as to afford the Company and the financial institution named above a reasonable opportunity to act on it.

NAME _____ TAXPAYER I.D. # _____
(Please print)

SIGNATURE _____ DATE _____

For office file information:

Home # _____ Work # _____

Cell # _____ Home E-mail Address _____

Office E-mail Address _____
(If permissible to receive E-mails at work)

Send us an E-mail at rlyle@sellingjax.com and your address will be added to our address_book for future use.
Thank you.

**Please enclose a "VOID" check for our records to ensure accuracy of information
If faxing form, tape a "VOIDED" check below and fax to 904-652-0028**

Tape voided check here.