



Direct Deposit Authorization

Agent <input type="checkbox"/>	Vendor <input type="checkbox"/>	Owner <input type="checkbox"/>
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New Authorization <input type="checkbox"/>	Change Information <input type="checkbox"/>	Cancel Authorization <input type="checkbox"/>
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First Name:		
Last Name:		
Company Name:		
Address:		
Phone Number:		
E-mail Address:		
Taxpayer ID:		
Financial Institution Name:		
Type of Account:	Personal <input type="checkbox"/>	Checking <input type="checkbox"/>
	Business <input type="checkbox"/>	Savings <input type="checkbox"/>
Name on Account:		
Bank Routing Number (ABA):		
Account Number:		

I, the above account holder, authorize Addicted Realty, LLC to initiate ACH Direct Deposits to the above referenced account. I also authorize Addicted Realty, LLC to initiate, if necessary debit entries and adjustments for any credit entries made to the account I have indicated above. I understand the Addicted Realty, Inc will make all reasonable efforts to notify me twenty-four (24) hours if a debit entry or adjustment is made against the account. This authorization shall remain in effect until revoked in writing. I understand I must notify Addicted Realty, LLC immediately and complete a new authorization form if I change financial institution, account numbers or type of account. Any alteration or unauthorized addition invalidates this form.

*Please attach a copy of a void check.

Authorized Signer

Date