

Property Address:		Date:	
, , ,	below, the Owner is requesting that the as specified below via ACH Direct Dep		
	tes, LLC to initiate electronic credit entri e on this form super cedes any other AC		
(Please print) Name:	Social Security Num	Social Security Number:	
Bank Name:	City:	State:	
I authorize the selected transaction	n(s) for direct deposit		
Owner Statement Check(s Checking:)		
_	Account Number:	Account Number:	
Savings:	A a a a unat Niu unala avu	Account Number:	
Routing Number:	Account Number:		
Associates, LLC will be directly of Associates, LLC in writing to cho Dollar (\$25.00) set-up fee for this		nt until I notify Amy Willis &	
Signature:			
Date:			
For Validation of account inform Attach a voided blank chec	nation: ck for deposit to a checking account.		
For Office Use Only: Received	□ Uploaded to Appfolio □	By ACHForm 2-25-14tlc	