

Direct Deposit for Owners/Vendors

*Please Fax or Mail this form to your Property Management Company to be set up

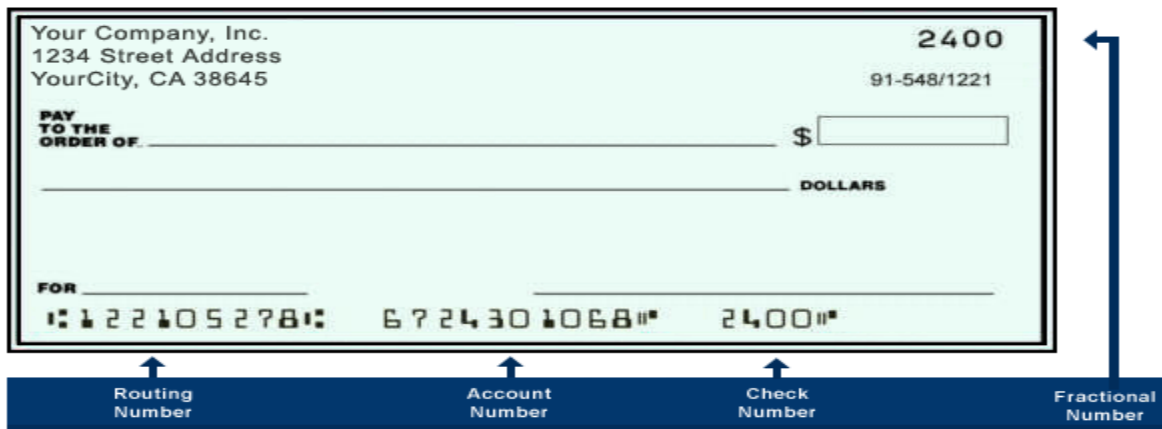
*Name of Management Company: _____

Check One of the Following: New Enrollment Add or Change Checking Account

Company/Individual Name Telephone # E-mail Address

Address City State Zip

Bank Name Routing Number (9 digits) Checking Account #



***Please attach a voided check to top of check sample above. Please do not include Deposit slips**

I hereby authorize PayLease Inc. to deposit any amounts owed to me, as instructed by the Management Company listed above, by initiating credit entries to my account at the financial institution indicated on this form. In the event that PayLease deposits funds erroneously into my account, I authorize PayLease to debit my account for an amount not to exceed the original amount of the erroneous credit.

Owner/Vendor:

Print Name

Signature

Date

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