



PROPERTY MANAGEMENT
LONG-TERM RENTALS

AUTHORIZATION FOR AUTOMATED DEPOSITS (ACH CREDITS)

OWNER'S NAME _____ SSN _____

OWNER'S NAME _____ SSN _____

I (we) hereby authorize PCF Management, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, DEBIT AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR to my (our) checking [____] savings [____] account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA # _____ ACCOUNT # _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

OWNER EMAIL ADDRESS _____

OWNER SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT IS SELECTED

For PCF Property Management Use Only

Date Received _____

Processed By _____