



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH CREDITS)**

Company or Individual Name(s) _____

I (we) hereby authorize **AZ LIVING RENTALS & PROPERTY MANAGEMENT LLC**, to initiate credit entries into my:

- | | |
|--|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Savings Account |
| <input type="checkbox"/> Personal Account | <input type="checkbox"/> Business Account |

as indicated below, at the depository Financial Institution named below. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until **AZ LIVING RENTALS & PROPERTY MANAGEMENT LLC** has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford **AZ LIVING RENTALS & PROPERTY MANAGEMENT LLC** and Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____

*** ATTACH VOIDED CHECK HERE IF POSSIBLE***