LETTS PROPERTY MANAGEMENT OWNER DIRECT DEPOSIT AUTHORIZATION FORM

Print Name (as appears on account):
Social Security or Tax ID#
Email Address:
Account Type:
o Checking o Savings o Business Checking
Bank Name:
Address:
Phone:
Account #:
Routing #:
This authority to submit payments to this account is to remain in full force and effect until Letts Property Management has received written notification from me (or either of us) of its termination in such time and such manner as to afford Letts Property Management, and the BANK a reasonable opportunity to act upon it. I also agree that I will not request Letts Property Management to initiate an ACH entry that acts on behalf of, or transmit funds to or from any blocked party subject to OFAC (office of Foreign Assets Control)—enforced sanctions.
Signature:Date
Print name:
Signature: Date
Print name: