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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

VENDOR NAME: _____

I / we hereby authorize SAN DIEGO RESIDENTIAL PROPERTY MANAGEMENT, to initiate credit entries to my/our Checking Account or Savings Account indicated below at the depository financial institution named below, hereafter called depository, and to credit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Checking Account Savings Account

This authorization is to remain in full force and effect until SAN DIEGO RESIDENTIAL PROPERTY MANAGEMENT has received written notification from any account holder of its termination in such time and in such manner as to afford SAN DIEGO RESIDENTIAL PROPERTY MANAGEMENT and DEPOSITORY a reasonable opportunity to act on my request (at least 5 business days).

Account Holder Name (Please Print) _____

Authorizing Person _____

Position _____

Signature _____ Date _____

BANK ACCOUNT VERIFICATION

- ❖ Please scan a VOIDED CHECK to billing@SanDiegoRPM.com for the account to be used for ACH payments (ACH credits).