



Automated Clearing House (ACH) Owner Authorization



I authorize Peterson Properties of Hawaii, LLC. originator, and Pay Lease, originating depository financial institution as listed below to initiate electronic entries to my account.

- I accept responsibility for the accuracy of the information given to Peterson Properties of Hawaii
- This authority will remain in effect until I have cancelled this agreement in writing.
- I, the undersigned, understand it is my responsibility to contact Peterson Properties of Hawaii immediately if I fail to receive my monthly disbursement in the account listed below.

Owner name _____

Financial institution _____

Type of account Checking Savings

Full name on account (print) _____

Account number _____

Signature _____

Date _____

Please include a voided check or copy of a check; deposit slips are NOT accepted. Thank you.

Originating depository financial institution _____

Routing number _____

Accepted by: _____

Date _____

Please print or type so we can enter accurate information into our database, Thank You

Property Address _____
Last Name _____
First name (formal) _____
Nickname _____
Home # _____
Home fax # _____
Work # _____ Extension _____
Work fax # _____
Pager # _____
Mobile # _____ E-mail _____
Address _____
City _____
State _____ Zip code _____
List Social Security # for 1099 _____ Or Tax I.D. _____
Name of spouse _____ Spouse nickname _____
Is spouse a co-owner? _____
Spouse work # _____ Extension _____
Spouse work fax # _____
Spouse pager # _____
Spouse mobile # _____
Spouse email _____
Co-owner(s) _____
Split of owner ship (list name & %) _____ % = _____ % = _____
Split of owner ship (list name & %) _____ % = _____ % = _____
Co-owner(s) home # _____
Co-owner(s) work # _____
Co-owner address _____

Is property in a trust? _____ Trust name: _____
Is property in a business name? _____ Name: _____
Emergency contact # _____
Emergency contact home # _____
Emergency relationship - (son, etc) _____

Insurance company for property _____
Insurance policy number _____
Insurance agent name _____
Insurance agent's telephone # _____