

Direct Deposit for Owners/Vendors

Check One of the Following:	New Enrollment Telephone #		Add or Change Checking Account E-mail Address	
Company/Individual Name				
Address	City	Sta	te	Zip
Bank Name	Routing Number (9 digits)		Checking Account #	
ें व	Your Company, Inc. 1234 Street Address YourCity, CA 38645			2400
	FOR	6724301068# Account Number	2 4 □ □ II* Check Number	Fractional Number

*Please attach a voided check to top of check sample above. Please do not include Deposit slips

I hereby authorize Szuhui Ho to deposit any amounts owed to me, as instructed by the Management Company listed above, by initiating credit entries to my account at the financial institution indicated on this form. In the event that deposits funds erroneously into my account, I authorize to debit my account for an amount not to exceed the original amount of the erroneous credit.

Owner/Vendor:

Print Name ______

Signature ______ Date _____

*Please Mail or E-mail this form to your Property Management Company to be set up

4550 SW Betts Ave 2021 Beaverton, Oregon 97007 (971) 977-9119 (971) 570-6035 www.sequoiaprkpm.com