



Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ *[To be completed by management only.]*

Type of Account: Checking Savings

UrbanOne Properties, LLC is hereby authorized to directly deposit funds to the account listed above.

This authorization will remain in effect until I modify or cancel it in writing.

This is a one-time authorization.

Account Holder Signature: _____

Date: _____