

American Property Management

P.O. Box 1799 Danville, CA 94526-6799

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Direct Deposit Authorization

Authorization Agreement

I hereby authorize **American Property Management** (hereinafter referred to as "APM") to initiate electronic deposits to my account at the financial institution named below. I also authorize APM to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold APM responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand it is my responsibility to contact APM immediately if I fail to receive my monthly disbursement in the account listed below.

This agreement will remain in effect until APM receives a written notice of cancellation from me or my financial institution, or until I submit a new Direct Deposit Authorization form to APM.

Account Information			
Name of Financial Institution:			
9-Digit Routing Number:			
Bank Account Number:	Checking	Savings	
For help determining the bank routing and account numbers, pleas	e see sample ch	neck below.	
Signature			
Authorized Signature (Primary):	Date:		
Authorized Signature (Joint):	Date:		
Please attach a voided check below and return th	is form to AP	М.	

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PAY TO THE ORDER OF		SAMI	PLE	DATE S	
YOUR FINANCIA ANYTOWN, USA		ON			000
MEMO					
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