## **Direct Deposit for Owners/Vendors**

*Name of Management Co	Ompany:	☐ Add or Change Checking A	ccount
Company/Individual Name	Telephone #	E-mail Address	
Address	City	State	Zip
Bank Name	Routing Number (9 digits)	Checking Account #	
Your Company, Inc. 1234 Street Address YourCity, CA 38645  PAY TOTHE ORDER OF		2400 91-548/1221 \$	
FOR	6724301068*	5 <b>r</b> 00#	
Routing Number	Account Number	Check Number	Fractional Number
*Please attach a voided ch **Please make sure a void			sit slip
I hereby authorize PayLeas Management Company list institution indicated on thi account, I authorize PayLea amount of the erroneous of	ted above, by initiating cre s form. In the event that P ase to debit my account fo	edit entries to my account ayLease deposits funds er	at the financial roneously into my
Owner/Vendor:			

\*Please fax or mail this form to your Property Management Company to be set up

**Print Name** 

Signature

Date