

AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH

I (we) hereby authorize Peake Management to electronically credit my (our) account and, if necessary, to electronically debit my (our) account to correct erroneous credits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Name on the Account: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Peake Management in writing or by phone that I (we) wish to revoke this authorization. I understand that Peake requires at least 7 days prior notice in order to cancel this authorization.

Name: _____

Date: _____

Property Address: _____

Please attach a photocopy of a check or voided check so that we may ensure accuracy.

Completed forms should be returned to:

Peake Management, Inc.
450 N.Washington St. , Suite M
Falls Church, VA 22046

Attention: Accounting Dept.