

Electronic Funds Transfer (EFT) Authorization Form for Landlords

COMPANY NAME ID: **SILVER STATE REALTY & INVESTMENTS** COMPANY TAX ID NUMBER: 71-0878495 I (we) hereby authorize Silver State Realty & Investments, hereinafter called COMPANY, to initiate EFT credit entries, and to initiate, if necessary, debit entries and adjustments for any EFT credit entries in error, to my (our) checking savings account (select one) indicated below, hereinafter called DEPOSITORY, per terms of my (our) Exclusive Rental Management Agreement. DEPOSITORY NAME: ______ BRANCH:______ CITY: _____ STATE: ____ ZIP: ____ TRANSIT/ABA NO: _____ ACCOUNT NO: LANDLORD'S TAX ID NUMBER: DRIVER'S LICENSE NUMBER: STATE: This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (we) also hereby warrant to COMPANY that I (we) have full elgal authority to authorize EFT transactions to the account listed above and I (we) acknowledge that the origination of EFT transactions to my (our) DEPOSITORY must comply with the provisions of U.S. law governing such transactions. NAME(S): __ (Please Print) DATE: _____ SIGNED: _____ DATE: _____ SIGNED: _____

In order for your funds to be directly deposited to your account, this form must be received by our office no

Please write "VOID" across one of your checks and return to us with this Authorization Agreement.

later than two weeks prior to your first electronic funds transfer. No exceptions.

