



Professional Property Management

5054 El Portal Dr., Ste. C

El Sobrante, CA 94803

Tel: 510-758-5636 Fax: 510-222-4400

Office Hours: M-F 9 am-5:30 pm

www.ppm4rent.com

BRE #01902148

Owner Disbursement ACH Authorization

I/We hereby authorize Professional Property Management, hereinafter called COMPANY, to initiate credit entries to my/our CHECKING ACCOUNT or SAVINGS ACCOUNT indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I/We acknowledge that the origination of ACH transaction to my/our account must comply with the provisions of U.S. Law.

ACH (Automatic Clearing House) This way allows your funds to be transferred directly from our bank to your bank. To achieve this electronically we need the following information or **an attached Voided check**.

Bank Name _____ Branch Location _____

City, State and Zip-----

Bank Routing # _____

Bank Account # _____

Type of Account

-----Checking

-----Savings

This authorization is to remain in full force and effect until the COMPANY has received written notification from me/either of us of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Name _____

Name _____

Signature _____ Date _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Attach a VOIDED check here