

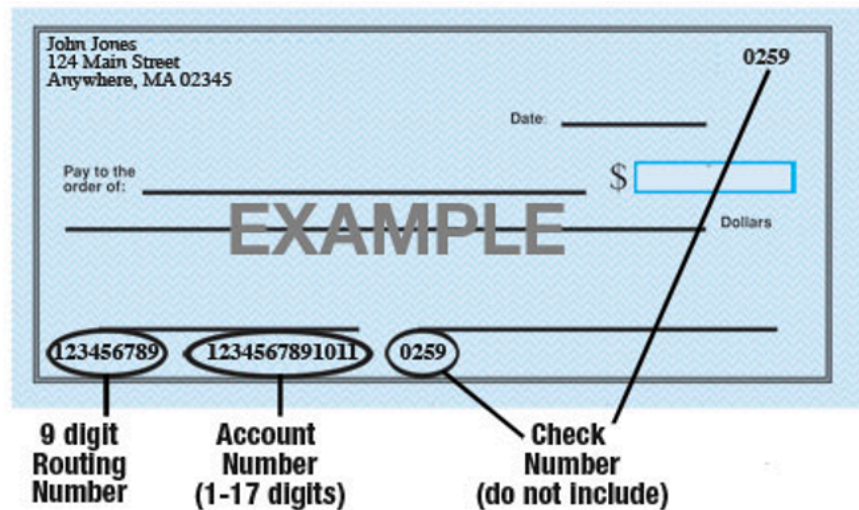
AMERICANA

PROPERTY MANAGEMENT

DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

Signature: _____

Date: _____