



DIRECT DEPOSIT AUTHORIZATION FORM

I/We hereby authorize Miller Property Management and the financial institution shown to deposit my monthly rental check directly to my account each month. If funds to which I am not entitled are deposited into my account, I authorize Miller Property Management to direct the bank to return said funds. This authority will remain in effect until I file a new Authorization Form.

Name (Please print): _____
(As shown on management agreement)

Social Security Number: _____

Social Security Number: _____

Federal ID # if applicable: _____

Home Telephone #: _____

Work Telephone #: _____

E-Mail Address: _____

Bank Name: _____

City: _____ State: _____

Routing Number: _____

Account Number: _____

Name (s) on account: _____

Checking Account (____) Savings Account (____)

Direct Deposit transactions take 3 business days, unless you pay 10.00 for next day deposit for each deposit. (This amount will be deducted from total amount deposited).

Signature: _____ Date: _____

Signature: _____ Date: _____