

FOUR CORNERS

PROPERTY MANAGEMENT, LLC

Direct Deposit Client ACH Authorization Agreement

I (We) hereby authorize Four Corners Property Management, LLC to initiate automatic deposit entries and/or corrective entries to my (our) bank account indicated below at the depository institution named below, to credit the same such account. I (We) acknowledge that the origination of ACH transaction to (our) account must comply with the provisions of state and federal law.

Please complete the following required information.
Make sure to use the routing & account number from a check not a deposit slip.

Client Name: _____

Name on Account: _____

Bank Name: _____

Bank City-State: _____

Routing Number: _____

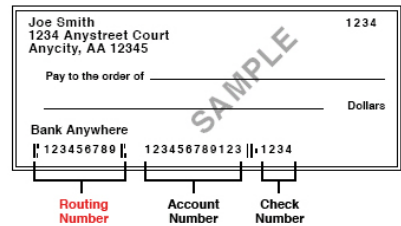
Account Number: _____

Tax Identification or Social Security Number: _____

E-Mail Address: _____

Business Individual (Type of Account Business or Individual – Please Check One)

Checking Savings (Type of Account Checking or Savings – Please Check One)



This authorization is to remain in full force until Four Corners Property Management, LLC has received written notification from me (or either of us) of its termination in such time (minimum of 20 business days) and in such manner as to afford Four Corners Property Management, LLC and Depository reasonable opportunity to comply.

SIGNATURE: _____ **DATE:** _____