

AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account: _____ SSN or TIN: _____

In Care of, or Doing Business As (if applicable): _____

Financial Institution Name and Address: _____

Account Number: _____ Routing Number: _____

Type of Account: Checking _____ Savings _____

PLEASE STAPLE YOUR VOIDED CHECK HERE
NO OTHER FORM OF DOCUMENTATION WILL BE ACCEPTED

Authorization: I hereby authorize RES of Palm Coast LLC d/b/a Real Estate Services of Palm Coast and the financial institution above to make direct deposits to my account. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

Signature: _____

Printed Name: _____

Telephone: _____

E-mail Address (required): _____

Date: _____

You may mail or fax this completed form and voided check to:

Real Estate Services of Palm Coast
7 Old Kings Road N., Suite 10
Palm Coast, FL 32137

Fax: 386-445-3222