

**Automated Clearing House (ACH)  
Owner Authorization**

**Authorization for Direct Deposit**

I authorize Award Property Management to initiate electronic entries to my account.

I accept responsibility for the accuracy of the information given to Award Property Management.

This Authority will remain in effect until I have cancelled this agreement in writing.

I, the undersigned, understand it is my responsibility to Contact Award Property Management immediately:

- if I fail to receive my monthly disbursement in the account listed below.
- If the account below is no longer opened or I wish to use another bank account.

Owner Name \_\_\_\_\_

Financial Institution \_\_\_\_\_

Type of Account    Checking \_\_\_\_\_    Savings \_\_\_\_\_

Full Name on Bank Account (print) \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_