» **Tempe Office**
8154 S. Priest Dr. Suite #104 Tempe Arizona 85282
Office: 480-355-8616 ***Fax: 888-688-6714***

DEPOSIT AUTHORIZATION AGREEMENT
AUTHORIZATION AGREEMENT
(ACH TRANSFERS AND AUTOMATIC DEPOSITS)

I hereby authorize ***RE/MAX Elite***, to initiate credit entries and deposits as well as any adjustments for credit entries made in error to my

☐ **CHECKING ACCOUNT**
☐ **SAVINGS ACCOUNT**

AT THE DEPOSITORY NAMED BELOW:

BANK'S NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

This authorization is to remain in full force and effect until ***RE/MAX Elite*** has received written notification from me of its termination at least 15 day prior to termination date so as to afford ***RE/MAX Elite*** and DEPOSITORY a reasonable opportunity to act on it.

ROUTING#_____ ***ACCOUNT#***_____

Owner's Signature MO/DA/YR

Owner's Signature MO/DA/YR

NOTE: The depository of the credit may revoke this authorization only by notifying the Landlord and ***RE/MAX Elite*** in the manner specified above.

VOIDED check must be attached to this authorization.