



Direct Deposit (ACH) Authorization Form

Email: _____

Date: _____

Name on Account: _____

Billing Street Address: _____

Billing Zip Code: _____

Routing # _____

Account # _____

Type of Account: Checking Savings Business Checking

Automatic Debit Authorization

I authorize Metropolitan Real Estate to keep my banking information on file and to process automatic deposits in accordance with the terms of my Property Management Agreement with Metropolitan Real Estate.

I understand that to discontinue this authorization I must provide written notification to Metropolitan Real Estate 30 days prior to the effective date of termination.

Authorized Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

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