

**Electronic Funds Transfer Authorization Form**

I hereby authorize HOME PROPERTY MANAGEMENT II, INC. to initiate EFT credit/debit entries to my checking account per the terms of my Property Management Service Agreement. This authority will remain in effect until I notify HOME PROPERTY MANAGEMENT II, INC. otherwise. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law governing such transactions.

Name of Your Bank: \_\_\_\_\_

Your bank account number: \_\_\_\_\_

Your Bank's Routing/Transit Number: \_\_\_\_\_  
(9-digit number found on lower left side of check)

Social Security Number/Employee ID Number: \_\_\_\_\_

Your Signature(s): \_\_\_\_\_

Your Name: \_\_\_\_\_  
(Please Print)

Date this form was signed: \_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK!!!**

IN ORDER FOR YOUR PAY TO BE DIRECTLY DEPOSITED TO YOUR ACCOUNT, THIS FORM MUST BE RECEIVED BY THE OFFICE NO LATER THAN TWO WEEKS PRIOR TO YOUR FIRST DIRECTLY DEPOSITED PAYCHECK. NO EXCEPTIONS.