



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize GOLDENROD PROPERTY MANAGEMENT to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold GOLDENROD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until GOLDENROD receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account:

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____