



I authorize Real Property Management Prestige, as listed below to initiate electronic entries to my account.

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

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

I, the undersigned, understand it is my responsibility to contact Real Property Management Prestige, immediately if I fail to receive my monthly disbursement in the account listed below.

Owner(s) Name	
Financial Institution	
Full Name on Account	
Routing Number	
Account Number	

Type of Account:             Checking     Savings

Owner Signature: \_\_\_\_\_ Date

Owner Signature: \_\_\_\_\_ Date