



AUTOMATIC DEPOSIT SERVICE FORM

To enroll in Automatic Deposit Service please return this completed form to Rossmoyne Property Management. Once we have received your information your disbursements will be electronically deposited into the account specified.

I hereby authorize Rossmoyne Property Management to deposit my monthly distribution into the following account:

This account is a: Checking Account or Savings Account

Bank Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Financial Institution phone number: _____

Name on Account: _____

Transit/ABA/Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until Rossmoyne Property Management has received written notification from me to terminate this service in such time and in such manner as to afford Rossmoyne Property Management and my bank a reasonable opportunity to act on it.

Name: _____

Property(s) Managed: _____

Home Phone #: _____ Work Phone: _____

Signature: _____ Date _____