



26650 The Old Rd Suite 300 Valencia, CA 91381
818-471-4272 Office 661-310-0077 Fax

Direct Deposit / ACH Authorization

Property Address: _____

Owner Name: _____

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Disbursement of Rents Received:

Direct Deposit **

I authorize Valleywide Leasing to wire funds into my account _____ (Initials)

****Please attach a voided check. If the account is a savings account, please provide the following information:**

Bank Name: _____ **Type:** **Savings** **Checking**

Account #: _____ **Routing #:** _____

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Owner Signature

Date