

DIRECT DEPOSIT AGREEMENT

Name: _____

Social Security # _____

Property address: _____

City, State & Zip: _____

Home Phone: _____

Work Phone: _____

Bank Name: _____

ABA/Routing #: _____ (9 digits)

Account #: _____

Circle one: Checking or Savings

I hereby authorize **Premier Management Group, Inc.**, to have my income disbursement funds directly deposited (credit entries) to the bank account designated above and to initiate corrective reversal entries (debits) to the bank account designated above in the event credit entries are originated in error. The direct deposit will be generated between the 11th and 15th of each month as long as the monthly rent has been collected. This agreement shall remain in effect until I send a written request to Premier Management Group, Inc. to discontinue this service and will notify Premier Management Group, Inc. immediately of any change in the bank account designated above for direct deposit (i.e. account number, ABA/routing number or bank name).

Owner's Signature

Date

**To enroll fax or mail to:
Premier Management Group, Inc.
4502 35th St., Suite 200
Orlando, FL 32811
Fax # 407-370-4494**

**ATTACH A BLANK CHECK WITH THE WORDS
"VOID" WRITTEN ON IT.
(Must be a check NOT a deposit slip)**