



5530 GARFIELD AVENUE • SACRAMENTO, CA 95841 • TEL: 916.349.7620 • FAX: 916.349.7625 • INFO@TITANREI.COM • WWW.TITANREI.COM

Authorization Agreement for Direct Deposit (ACH)

New
 Change

Owner Name(s): _____

Property Address: _____

I (we) hereby authorize Miller Property Management, Inc. dba Titan Property Management to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below to credit and/or debit the same such account. The amount of the entry may change at any time.

Owner disbursements are made by agreement depending on the rent availability. An Owner statement will be emailed to you within two business days after a credit transfer.

Email (for monthly statement and invoices): _____

Account type (please check one):

- Personal Checking
- Personal Savings
- Business Checking

Depository Name: _____ Bank Name: _____

Bank Address: _____

Bank Phone #: _____ Fax #: _____

Routing #: _____ Account #: _____

****Please attach a blank check to this authorization agreement (VOID may be written on check).***

This authority is to remain in full force and effect until Miller Property Management, Inc. has received written notification from me (or either of us) of its termination at least 30 days prior to the next transaction date.

Name(s) as listed on Account: _____
(Please Print)

Signature: _____ Date: _____

Signature: _____ Date: _____

Approved by: _____ Date: _____

Property Manager