RMS Team at RE/MAX Center

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I (We),	(Names
	and the financial institution listed below to
	essary, debit entries and adjustments for any
	I (We) acknowledge that the origination of
ACH transactions to my account must compl	ly with the provisions of U.S. law.
Financial Institution	Branch
T manetal institution	Dianen
<u></u>	C 17'
City	State and Zip
Account Number	Routing Transit Number (9 digits)
Checking Savings	
	Email Address
This authorization is to remain in effect	until RMS Team at RE/MAX Center has
	tion in such time and in such manner as to
	nd the Financial Institution listed above a
reasonable opportunity to act on it.	
N. (DI D.)	N. (DI D'.)
Name (Please Print)	Name (Please Print)
g:	<u></u>
Signature	Signature
Date	Date
DAIG	Date

***Please Attach a Voided Check before Returning to RMS Team at RE/MAX Center ***