



BANK DRAFT AUTHORIZATION

Property NAME:

Your ADDRESS:

Your NAME (as shown on Bank Account)

Bank ROUTING NUMBER

Bank NAME

Account TYPE

Account NUMBER (please double check!)

Authorization: by signing below, you confirm you are authorized to grant permission to draft or make deposits into this account for purposes of 1) paying an amount due (recurring or one time) per contract OR 2) receiving funds for a balance due and do hereby grant this permission until cancelled in writing at any time.

Requested DATE to INITIATE Payment or Draft

If Recurring: Date of Each Month

1st Day of Month

2nd Day of Month

3rd Day of Month

4th Day of Month

Other (Prior Arrangement Only) _____

5507 Ranch Drive, Suite 201, Little Rock, AR 72223

501.868.9790 Ext 113 (Voice Mail- Option 1)

501.868.9791 Fax