

Direct Deposit/Withdrawal Sign-up Form



ACCOUNT INFORMATION

NAME ON CHECKING ACCOUNT _____

_____ BANK NAME/CITY/STATE

ACCOUNT NUMBER _____ CHECKING ACCT. _____ OR SAVINGS ACCT. _____

I HEREBY AUTHORIZE MOUNTAIN MANAGER & ASSOCIATES TO EITHER DEPOSIT PAYROLL OR WITHDRAW FUNDS TO OR FROM (AS INDICATED BELOW) MY ACCOUNT LISTED ABOVE. ATTACHED IS A VOIDED CHECK FOR THE ACCOUNT, AND/OR A DEPOSIT SLIP/WITHDRAWAL SLIP FOR THE SAVINGS ACCOUNT DESIGNATED ABOVE.

THIS FORM MUST BE RECEIVED IN OUR OFFICE BY THE 27TH OF THE MONTH PRIOR TO WITHDRAWAL.

CHECK THE FOLLOWING AS APPLICABLE:

_____ BEGIN MY DIRECT DEPOSIT

_____ CANCEL MY DIRECT DEPOSIT

_____ CHANGE INFORMATION

_____ BEGIN MY DIRECT WITHDRAWAL BEGINNING _____
FOR MY MONTHLY RENT PAYMENT & ANY OTHER FEES INCLUDED IN MY LEASE.

_____ CANCEL MY DIRECT WITHDRAWAL

_____ SIGNATURE

ATTACH VOIDED CHECK HERE ! (NO DEPOSIT SLIPS)