

Direct Deposit ACH Authorization form:

I, _____, authorize Diller & Fisher Co. Inc. to
(Insert Name)

Initiate credit direct deposit/ACH entries to my account for my property at:

Financial Institution Name: _____

Financial Institution Routing/Transit Number: _____

Type of Account: _____ checking (must have voided check) or _____ Savings

Corporate Account _____ or Personal Account _____

Financial Institution Account number: _____

This authorization shall remain in full force and effect until I terminate it in writing by sending Diller & Fisher notice at least 30 days prior to the date of the next scheduled direct deposit to:

Diller & Fisher Co. Inc.
PO Box 158
9614 Third Avenue
Stone Harbor, NJ 08247

Name (Please Print)

Date

Signature