

DIRECT DEPOSIT AUTHORIZATION

_____ authorize Flagship Realty Group to initiate funds to the checking account indicated below. I also authorize my depository financial institution to honor these transfers



This authorization is valid for monthly transactions, credit my checking account for rents collected from tenants. Any fees, bills, etc. will be deducted as normal.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this checking account. I understand this is a binding agreement and I will receive a copy of each check draft in my statement when the item has cleared.

I understand this is a legally binding agreement between Flagship Realty Group and _____. This agreement will remain in effect until Flagship Realty Group receives my written notice of cancellation via mail, fax or email.



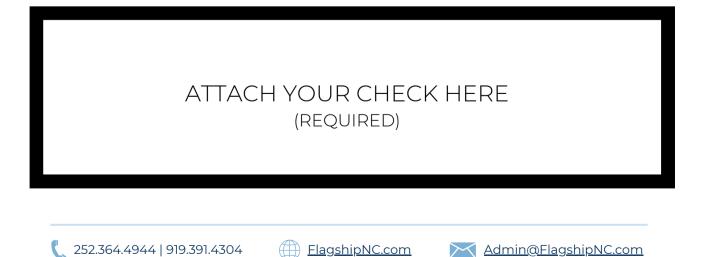
Checking Account

Savings Account

Social Security Number:

AUTHORIZED ACCOUNTHOLDER SIGNATURE

DATE



🝳 3101-C Evans St. Greenville, NC 27834 | 1913-5 N. Berkeley Blvd. Goldsboro, NC 27534