

I _____ authorize Flagship Property Management to initiate funds from 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 legal binding agreement between Flagship Property Management and _____. This agreement will remain in effect until Flagship Property Management receives my written notice of cancellation via mail, fax or email.

Checking Account Savings Account

SSN: _____

Authorized Accountholder Signature (required)

Date (required)

Attach Your Check Here (required)