

ACH Deposits

I (we) hereby authorize Oakleaf Property Management to initiate deposit entries to my ___ checking or ___ savings account (select one) indicated below to the named depository:

Depository Name (Bank Name) _____

Branch Name (If Known) _____

Name on Account _____ City _____

State _____ Zip _____

Routing/Transit No. _____ Acct No. _____

Date _____ Signed _____

Attach Copy of Voided Check Here