

**AUTHORIZATION AGREEMENT FOR ACH CLIENTS OF FLAGSHIP PROPERTY MANAGEMENT**

**\*Please complete and return to our office with a void check\***

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**ID Number (company use)**

I (WE) hereby authorize Flagship Property Management, herein after called COMPANY, to initiate Credit/Debit entries and/or corrective entries to my (our) \_\_\_\_ Checking, \_\_\_\_ Savings account (select one) indicated below at the depository named below, herein called DEPOSITORY, to Credit/Debit the same such count. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provision of U.S. Law.

\_\_\_\_\_  
**DEPOSITORY NAME**

\_\_\_\_\_  
**BRANCH**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**BANK TRANSIT/ABA NUMBER**

\_\_\_\_\_  
**ACCOUNT NUMBER**

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**OTHER NAME, IF APPLICABLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**Please attach a copy of voided check (no deposit tickets).**