

ACH/Direct Deposit Authorization Form

Armadillo Property Management

Please Circle One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

1. Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Tax ID#/SS#:

Telephone Number:

Email Address:

2. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

3. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize Armadillo Property Management Office of Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify APM (accounting@rentfortcollins.com or 970-482-9293) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify APM in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until APM has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please return completed form via [email: accounting@rentfortcollins.com](mailto:accounting@rentfortcollins.com)