



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
(ACH CREDITS)**

Following you will find an Authorization Agreement. This form will need to be filled out and signed by you and returned to our office. Once your Authorization Agreement is received, we will set this service up for you through the bank, making your deposit available to you on the 15th of the month (excluding weekends and holidays).

Company name: **Revelation Real Estate I** (we) hereby authorize Revelation Real Estate, hereinafter called Company, to initiate credit entries to my (our)

() Checking () Savings (select one) account indicated below at the depository financial institution named below, hereinafter called Depository and to credit the same to such account.

BANK NAME _____
BRANCH _____
CITY _____
STATE _____ ZIP _____
ROUTING NUMBER _____ ACCOUNT
NUMBER _____

PLEASE ALSO ATTACH A VOIDED CHECK (NOT DEPOSIT SLIP) TO THIS FORM

This authorization is to remain in full force and effect 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 a reasonable opportunity to act on it

OWNER

NAME(S) _____

Owner Signature Date

Owner Signature Date

Property Address _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING ORIGINATOR IN THE MANNER SPECIFIED IN AUTHORIZATION.

