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Automatic Account Deposit Authorization Agreement

SECTION 1: ACTION TYPE (CHECK ONE)

- NEW SET UP (Complete the form)
- CHANGE ACCOUNT (Complete the form)
- CANCEL MY PARTICIPATION (Complete * Sections 1 and 2)

SECTION 2: PERSONAL INFORMATION AND AUTHORIZATION

_____ CHECKING SAVINGS (Check One)
Name of your bank, savings and loan, or credit union (Please Print)

Name (Please Print – Last, First, MI)

_____ Daytime Phone # _____ Email Address (to receive owner statements)

_____ Mailing Address on Bank Statements _____ City _____ State _____ Zip

Property/Properties Managed by Eagle Crest

I authorize Eagle Crest Management and the financial institution designated above to deposit my current monthly rent proceeds to the account designated above on or about the 25th day of each month. Owner statements will be emailed to you where possible or delivered via mail; this statement will also act as your advice of deposits. I understand that I control my deposits, and if at any time I decide to discontinue this payment service, I will notify the Eagle Crest Office in writing. I understand that Eagle Crest Property Management or my financial institution can also discontinue my participation in this service without prior notice, and that Eagle Crest may reverse a deposit if it has been deposited in error. Finally, I understand and agree that if I do not notify Eagle Crest of a change in my/our bank account information, and a transaction is rejected due to a conflict or incorrect information provided to Eagle Crest, I would be responsible for any and all related bank charges, and agree to reimburse Eagle Crest for the same.

Signature _____ Date

SECTION 3: ACCOUNT NUMBER CONFIRMATION

For checking accounts please attach a voided check so we may record your account information, and return this form to the Eagle Crest Office. You will receive an e-mail confirming that your participation in this service has been established. .

For savings accounts, please have your bank complete and sign this section below:

Bank Routing Number (For Electronic Deposits) Savings Account Number

Bank Representative's Signature _____ Date

SECTION 4: FOR OFFICE USE ONLY

Staff Initials: _____ Confirmation Email Sent _____ Date of Entry: _____