



Vendor Direct Deposit Authorization Form

Vendor Name: _____

Company Name: _____

(If different from the Vendor Name listed above.)

Address: _____

City: _____

State/Zip: _____

I would like my payments automatically deposit into the following account:

Checking Account Number/ Routing Number: _____

Savings Account Number/ Routing Number: _____

I authorize Divine Approach Real Estate and Property Management Firm, LLC to automatically deposit my checks into the account listed above. This authorization will remain in effect until I provide Divine Approach Real Estate and Property Management Firm, LLC written notice to cancel the authorization.

Please email a copy of a voided check to divineapproachrealestate@gmail.com.

Copy of a voided check is also required.

Vendor Signature: _____

Date: _____