

ELECTRONIC TRANSFER AUTHORIZATION FORM

Client's Name: _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

Type of Account: Checking or Savings

Copy of voided check attached

I authorize Legacy Rental Management LLC, to electronically transfer funds into my bank account listed above. I acknowledge that funds upon transfer are controlled by my bank and banking regulations and the Legacy Rental Management LLC is not responsible for any delays in the availability of funds.

Owner Name: _____

Signature: _____

Date: _____

