



VESTA REALTY GROUP

## **Direct Deposit Authorization Form**

Owner/Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### AUTHORIZATION:

I hereby authorize Vesta Realty Group, LLC to initiate credit entries for rental funds payments to my account with the financial institution I have listed below. I have attached an actual or copied voided check or documentation showing that I am the legal holder of the referenced account.

I understand it is my responsibility to inform Vesta Realty Group, LLC of any change in bank information and that the accuracy of information provided is my responsibility.

Checking     Savings

Account Name \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Routing Number \_\_\_\_\_



\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date