



### 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](mailto:divineapproachrealestate@gmail.com).

Copy of a voided check is also required.

Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_