



## Vendor Direct Deposit Authorization Form

Vendor Name:

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Company Name:

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(If different from the Vendor Name listed above.)

Company Address:

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Company City:

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Company State/Zip:

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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 this authorization.

Please email a copy of a voided check to [bookkeeping@divineapproachrealestate.com](mailto:bookkeeping@divineapproachrealestate.com). Copy of voided check is required.

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

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