



Owner ACH Disbursement Authorization Form

Owner's Information

Owner: _____

Address: _____

City, State & Zip Code: _____

Phone #: _____ Email: _____

Investment Property Address: _____

Banking Information

Legal Name on the Account: _____

Billing Address for Account: _____

City, State & Zip Code: _____

Routing #: _____ Account #: _____

Type of Account: Checking or Savings AND Business or Personal

Effective Date: _____

This authorizes PPG Property Management to send deposits electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future. This authorizes the financial institution holding the Account to post all such entries. I agree the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Primary Account Holder's Name Printed

Primary Account Holder's Signature

Secondary Account Holder's Name Printed

Secondary Account Holder's Signature