



Direct Deposit (ACH) Authorization Form

Name on Account: _____

Billing Street Address: _____

Billing Zip Code: _____

Routing # _____ Account # _____

Issuing Bank Name _____

Type of Account: Checking Savings Business Checking

Automatic Deposit Authorization

I authorize Impero Property Management to keep my banking information on file and to process automatic deposits in accordance with the terms of my Property Management Agreement with Impero.

I understand that to discontinue this authorization I must provide written notification to Impero Property Management 30 days prior to the effective date of termination.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

