

**AUTOMATED CLEARING HOUSE (ACH)  
OWNER AUTHORIZATION**



I authorize (A&D Management) and \_\_\_\_\_ (owners bank) as listed below to initiate electronic entries to my account.

I accept full responsibility for the accuracy of the information given below to (A&D Management)

This authority will remain in effect until I have cancelled this agreement in writing.

I, the undersigned, take full responsibility for the account listed below on a monthly basis and reporting any discrepancies to (A&D Management)

I, the undersigned, understand it is my responsibility to contact (A&D Management) immediately if I fail to receive my monthly disbursement in the account listed below.

Owner name	
Owner email	
Financial institution	
Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Full name on account (print)	
Account number	
Signature	
Date	

**Please include a voided check or copy of a check; deposit slips are NOT accepted. Thank you.**

Originating depository financial institution	
Routing number	
Accepted by	
Date	