



310-945-5155 office  
310-306-1930 fax

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS**

I (we) hereby authorize B2RE Property Management, hereinafter referred to as “COMPANY”, to initiate direct payments and/or deposits to my (our) (select one of the following):

- Checking Account
- Savings Account
- Business Checking Account

As indicated below at the financial institution also named below:

Financial Institution Name: \_\_\_\_\_

Branch Address \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM**