



Vision Realty & Management, LLC
402 Adamson Square,
Carrollton, GA 30117
770-836-1178 Ext. 234
Visionwestgeorgia.com
cjones@visionwestgeorgia.com

DIRECT DEPOSIT AUTHORIZATION FORM

Account Information

Name of Property Owner or Company Name: _____

Rental Unit Address: _____

Name of Account Holder: _____

Address of Account Holder: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings Business

AUTHORIZATION AGREEMENT

I hereby authorize Vision Realty & Management, LLC dba Vision Realty & Management to initiate automatic deposits to my account at the financial institution named below. I also authorize Vision Realty & Management to make withdrawals from this account in the event that a credit entry is made in error.

I also agree not to hold Vision Realty & Management responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I am also aware that it may take 2-3 business days for the funds to post in my account after Vision Realty & Management has initiated the direct deposit.

This agreement will remain in effect until Vision Realty & Management receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to Our Office.