



P.O. Box 3415, Sequim, WA 98382
360-681-4737
sunnysequim.com
action@sunnysequim.com

DIRECT DEPOSIT [ACH CREDIT] AUTHORIZATION FORM

I (we) hereby authorize Action Property Management to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Action Property Management is notified by me (us) in writing to cancel it in such time as to afford Action Property Management and the financial institution a reasonable opportunity to act on it.

(Signature) (Date)

(Name - PLEASE PRINT)

Financial Institution (Bank) Name: _____

Bank Branch Address (location you originally opened the account): _____

Routing Number: _____

Account Number: _____

Please include a voided check when you return this form to us.

Check one: Checking Account Savings Account

Please complete this form and either email, post, or fax it to Action Property Management:

action@sunnysequim.com

P.O. Box 3415, Sequim, WA 98382

360-681-6616 (fax)