



180 Nickerson Street
Suite 103
Seattle, WA 98109-1631

Authorization Agreement for Direct Deposit

I/We hereby authorize 3stripe Management, to initiate **CREDIT / DEBIT** (circle one) entries to my/our **Checking / Savings** (circle one) Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such accounts. I/we acknowledge that the origination of ACH transactions to my(our) accounts must comply with the provisions of US law.

Property Name or Address: _____

Unit/Lot Number: _____

Depository (Bank) Name: _____

City: _____ State: _____ Zip: _____

Routing Number _____

Account Number _____

This transaction will occur monthly starting _____

Sample Check 1

⑆987318231⑆ 0114173632⑈ 342

The routing number is 9 digits surrounded by the ⑆ symbol.

The account number is usually left of the ⑈ symbol. Do not include the check number which may appear to the left of the account number

The check number will match the number in the upper-right corner of the check.

Sample Check 2

342 ⑆987318231⑆ 0114173632⑈

The check number will match the number in the upper-right corner of the check.

The routing number is 9 digits surrounded by the ⑆ symbol.

The account number is usually left of the ⑈ symbol. Do not include the check number which may appear to the left of the account number

This authorization is to remain in full force and effect until **3stripe Management** has received written notification of change or termination from the undersigned, 30 days prior to the effective date of the next scheduled transaction. The undersigned also acknowledge and accept financial liability for the transaction fee of \$1.00 assessed for each ACH DEBIT transaction.

Name(s) _____

Date _____

Signature _____

Signature _____

Please attach voided check or deposit ticket below

Office use:

- Form received?
- Check/Ticket?

Admin

- Scan _____;
- Post _____;

BK

- Install BM _____; Catch-up req'd? \$ _____
- Install FB _____; Authorized?