

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY.

I (we) hereby authorize _____,
hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings
Account (select one) indicated below at the depository financial institution named below, hereinafter called
"Depository," and to debit the same to such account for the purpose of collecting assessments for my
property association or rental payment. I (we) understand that this debit will occur on or about the 5th
(fifth) of each month in which payments are due. I (we) acknowledge that the origination of ACH
transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number (9 digits): _____ 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
Depository a reasonable opportunity to act on it.

My property name is: _____

Name(s): _____
(Please print) (Please print)

Signature(s): _____

Date: _____

Email Address: (required if submitted this form electronically) _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:
Peatco Properties, LTD.
25108 Marguerite Parkway, Suite #A526
Mission Viejo, CA 92692

**If you wish to email this form, please ensure all information is legible. A copy of the voided check must also be
attached and must also be legible. The form must be signed with a valid email address to be accepted for
processing. You will receive notification via email when your ACH has been processed and will start. Please
continue to make your regular payments until you receive this notification.**

Management Company Use Only: _____

Property Owner or Tenant Account Number _____

Date Entered: _____