10730 Potranco Rd
Suite 122-484
San Antonio TX 78251
www.resolutionsxv.com
yourfriends@resolutionsxv.com

OWNER DIRECT DEPOSIT AUTHORIZATION FORM

Print Name (as appears on account):	
Managed Rental Property:	
Bank Name:	
Routing #:	
Account #:	
Type (Checking or Saving:	

_____ I hereby authorize RE Solutions XV LLC to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution indicated on this form.

_____ I understand that I must give at least (30) days in advance written notice of any change in the payment instructions.

_____
Broker's Printed Name Date

By:_____
Broker's Associate's Signature

_____
Owner Date

By:_____

_____
Owner Date

By:_____