



Advantage Pointe Properties  
 P.O. Box 65056  
 Albuquerque, NM 87193  
 (505) 205-1581 • (888) 875-1581 (fax)



**Authorization for ACH Transactions Form**

I/we, by affixing my/our initials and signature(s), below, hereby authorize Advantage Pointe Properties to submit, by electronic or other generally acceptable commercial means, credit, debit and adjusting transactions to my/our account, as defined below, for posting to the account by the financial institution in which this account is held. The financial institution is hereby authorized to post all such transactions to the account defined herein.

**Reason for Submission of Form**

- Initial Enrollment       Account Change Information       Termination of Enrollment

**Type of Account**

- Checking       Savings       Other: \_\_\_\_\_

**Bank Information**

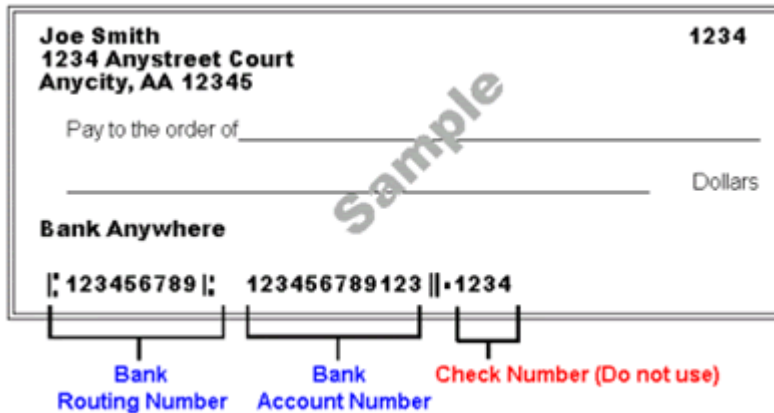
Bank Name: \_\_\_\_\_  
 Branch (if applicable): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_

Phone Number w/Area Code: \_\_\_\_\_ Fax Number w/Area Code: \_\_\_\_\_

**Account Information**

Name(s) on Account: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_



Account Holder's Initials       Broker's Initials \_\_\_\_\_

**Authorization for ACH Transaction Form**



Advantage Pointe Properties  
 P.O. Box 65056  
 Albuquerque, NM 87193  
 (505) 205-1581 • (888) 875-1581 (fax)



**Please Attach Voided Check Here**

**Property Management Account to which this Authorization Applies**

This authorization shall apply to all of my/our properties under management agreement with Advantage Pointe Properties.

This authorization shall apply only to my/our properties listed by address, below, and under management agreement with Advantage Pointe Properties.

Property #1: _____	Property #2: _____
Property #3: _____	Property #4: _____
_____	_____

I/we understand that this authorization will be effective upon receipt by Advantage Pointe Properties and will remain effective until such time as Advantage Pointe Properties receives notice to change or terminate said authorization.

Account Holder's Signature	Date Signed (mm/dd/yyyy)	Time Signed (00:01 – 24:00)

_____	_____	_____
Account Holder's Name (Please Type or Print)	Account Holder's Phone w/Area Code	Account Holder's E-mail Address

Account Holder's Signature	Date Signed (mm/dd/yyyy)	Time Signed (00:01 – 24:00)

_____	_____	_____
Account Holder's Name (Please Type or Print)	Account Holder's Phone w/Area Code	Account Holder's E-mail Address