Hidden Creek Management

Direct Deposit - AUTHORIZATION FORM

I hereby authorize **Appfolio**, as agent on behalf of Hidden Creek Management to initiate direct deposits as needed, by electronic funds transfer to my Bank account, as identified below, for amounts owed to me for Rent from Hidden Creek Management. In addition, the financial institution at which my checking account is held is hereby authorized to credit my checking account for the deposits initiated by **Appfolio**. I acknowledge that the origination of ACH transactions in my account must comply with all applicable laws and the NACHA operating guidelines.

Owner Information

Name (as shown on bank account) _____

Address _____

City _____ State _____ Zip Code _____

Phone (include area code) Day _____ Evening _____

Email Address _____

Bank Name _____

Routing Number _____

Account Number _____

This authorization is to remain in full force unless revoked or altered. In the event that I wish to revoke or alter this authorization, I may do so at any time **only** by providing written notice to Hidden Creek Management no later than seven (7) business days prior to the effective date of such revocation or authorization.

I hereby attest that the above information is correct, and I understand and agree to all provisions of this authorization form.

_____ _____

Signature Date

Please attach a voided check with this application.