Direct Deposit Agreement

ATLANTA PEACH
Management & Realty

Authorization Agreement

I hereby authorize Atlanta Peach Management to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold Atlanta Peach Management responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Atlanta Peach Management receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Atlanta Peach Management.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

ATTACH A VOIDED CHECK HERE: