

the Casa Blanca

Direct Deposit Enrollment

Authorization agreement for automatic deposits (ACH credits).

Select One: New Change

Select One: Checking Savings

Account Number: _____

ACH Routing Number: _____

Depository Financial Institution: _____

If monies to which I am not entitled are deposited to my account, I authorize Casa Blanca to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing, or upon termination of my ownership with Casa Blanca.

First Name

Middle Initial

Last Name

Address

City

State

Zip

Cell Phone

Unit Number

I authorize Casa Blanca and financial institution to electronically deposit my net pay to the specified amount each month.

Signature (required)

Date