



## AUTOMATED CLEARING HOUSE (ACH) OWNER AUTHORIZATION

I authorize Cape Shore Property Management Inc. to initiate electronic entries to my account.

I accept responsibility for the accuracy of the information given to Cape Shore Property Management.

This authority will remain in effect until I have cancelled this agreement in writing.

I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

Owner name \_\_\_\_\_

Financial institution \_\_\_\_\_

Type of account  Checking  Savings

Full name on account (print) \_\_\_\_\_

Account number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please include a voided check or copy of a check; deposit slips are NOT accepted. Thank you.**

Originating depository financial institution

Routing number

Accepted by: \_\_\_\_\_

Date \_\_\_\_\_