



**AUTOMATED CLEARING HOUSE (ACH)  
OWNER AUTHORIZATION**



I authorize Plat Realty (originator) and \_\_\_\_\_ (originating depository financial institution) as listed below to initiate electronic entries to my account.

I accept full responsibility for the accuracy of the information given below to Plat Realty

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

I, the undersigned, take full responsibility for the account listed below on a monthly basis and reporting any discrepancies to Plat Realty

I, the undersigned, understand it is my responsibility to contact Plat Realty immediately if I fail to receive my monthly disbursement in the account listed below.

Owner name	
Financial institution	
Type of account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Full name on account (print)	
Account number	
Routing number	
Signature	
Date	