



Direct Deposit Authorization Form

We are pleased to be able to offer you a new payment convenience – Direct Deposit. Now you can have your owner payment automatically deposited into your checking or savings account. And you don't have to change your present banking relationship to take advantage of this service.

Direct Deposit is safe, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to our office.

Eaton Properties
3828 South Old Hwy 94
St. Charles, MO 63304

Direct Deposit will help you in many ways:

- It saves trips to the bank.
- Your money is deposited faster.
- Your money is deposited even if you are on vacation or away from the office.

The authorization form, at the bottom of this sheet, gives us the authority to deposit your pay into your account. Simply complete the form in order to take advantage of Direct Deposit.

All you need to do is :

1. Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name or your company name as it appears on your bank account. The name and location of your financial institution, and today's date
3. Attach a voided check for verification of all financial institution information, or carefully fill in your account numbers. In the spaces provided
4. Be sure to Sign the form

Here's How Direct Deposit Works:

On the day owners statements are completed you will receive your owner statement by e-mail, and your money will have already been deposited in your account. The amount of the deposit will appear on your bank statement. We believe you will like the added convenience of having your owner payout automatically deposited for you.

I authorize Eaton Properties Inc. to initiate electronic credit entries each pay period and if necessary debit entries and adjustments for any credit entries in error to my _____Checking or _____Saving Account.

I acknowledge that the origination of ACH transactions to my account must comply with te provisions of US law. This authority will remain in effect until I have cancelled in writing.

Date: _____

Financial Institution Name (please Print) _____

Account Number at Financial institution _____

Financial Institution Routing Number _____

Financial Institution City and State _____

Company/Owner Name _____

E-Mail Address _____

Signature _____