



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I (We) hereby authorize KLC Property Management Solutions, herein after called **COMPANY**, to initiate credit entries and/or correction entries to our Checking Savings account (select one) indicated below at the depository named below, herein called **DEPOSITORY**, to credit the same such account.

**BANK NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**BANK ROUTING TRANSIT/ABA NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

**NAME (S)** \_\_\_\_\_

**SSN NUMBER** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

ATTACH A VOIDED CHECK HERE  
And send this form via fax 515-288-0934 OR scan  
and email to [accounting1@klcpropertymanagement.com](mailto:accounting1@klcpropertymanagement.com)  
OR mail to 815 Office Park Road, Suite 9, West Des Moines, IA 50265.