Authorization Agreement for Direct Deposit (ACH Credits)



COMPANY NAME - Solutions Realty Network, INC., dba PMI Georgia

I (We) hereby authorize Solution COMPANY, to initiate credit en below at the depository financial credit the same to such account (our) account must comply with	tries to my (our) al institution name t. I (we) acknowle	Checking account/ d below, hereafter c dge that the origina	☐ Savings account indicated alled DEPOSITORY, and to
DEPOSITORY NAME		Branch	
City	_State	Zip	
Routing Number	Ac	count Number	
This authorization is to remain in full force and effect 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 a reasonable opportunity to act on it.			
Name(s)			
Date			
Signature			
NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.			
REQUIREMENT - Please attach	n one <mark>of the follow</mark>	ing for Checking or	Savings accounts (Check one)
Voided Check (DepositeBank Letter or specificat			ve)
(Copy of Voided	Check (Scan He	re)