**Direct Deposit Authorization**

**Kavanagh Strategic Properties LLC**

This is permission for recurring credits[.](http://www.todaypayments.com/) As an authorized signor on the Depository Account presented, by completing and signing this form you give Kavanagh Strategic Properties permission to pay/credit your account for the amount indicated on or after the indicated date[.](http://www.samedayach.com/) This authorization is to remain in full force and effect until canceled in writing to FTPS at 105 Bradford Village Court, Southern Pines, NC 28387

Payee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Checking Account OR \_\_\_ Savings Account

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I will receive a payment notification stating the amount credited to my account. Additional details will be provided under separate cover to disclose invoices being paid.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Vendor Signature* *Date*

Please attach a Voided Blank Check so that we can verify account information. If a voided check is not provided, KSP LLC is not liable for payments made to an incorrect account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*KSP Representative Requesting ACH setup* *Date*