



Echo Summit Properties, LLC
6535 S. Dayton Street, Suite 1050
Greenwood Village, Colorado 80111
O: 303-768-8255, F: 303-845-9306
www.echo-summit.com

Direct Deposit Authorization

(ACH CREDITS/DEBITS)

Name

Phone #

Your Address

City, St Zip

Property/Unit Address

I(we) hereby authorize **Echo Summit Properties**, to initiate credit/debit entries to my(our) _____
Checking Account/ _____ Savings Account (select one) indicated below at the depository financial
institution names below, hereafter called DEPOSITORY, and to credit/debit to such account. I(we)
acknowledge that the origination of ACH transaction to my (our) account must comply with the
provision of the U.S. law. Revocation of this agreement must be made in writing.

DEPOSITORY

Bank Name

Branch

City

State Zip

Routing Number

Account Number

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

Name(s)

ID/SSN

Date

Signature

NOTE: CREDIT/DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVE MAY REVOKE
THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN
THE AUTHROIZATION.

* PLEASE PROVIDE A VOIDED CHECK FOR REFERENCE.