



Midwest Appraisal Management

AUTHORIZATION FORM FOR DIRECT DEPOSIT (ACH) PAYMENTS

Financial Institution: _____

Financial Institution City/State/Zip: _____

Name on Account: _____

Routing (ABA) Number: _____

Account Number (only 1 is required):

• Checking account # _____

• Savings account # _____

I hereby authorize Midwest Appraisal Management to make deposits in the account above and authorize the financial Institution to accept these deposits. It is agreed that these deposits may be made electronically and under the Rule of the National Clearing House Association. This authorization will remain in effect until written notice of termination is received by Midwest Appraisal Management.

Name of Authorizing Party: _____

Signature: _____

E-mail Address: _____

Business Address: _____

Phone Number: _____