



TEL: 718-374-5072

www.allboroprop.com

FAX: 718-374-5073

OWNER ACH FORM

I authorize All Borough Properties, originator, and **JPMorgan Chase Bank**, originating depository financial institution, as listed below to initiate electronic entries to my account.

I accept responsibility for the accuracy of the information given to All Borough Properties.

This authority will remain in effect until I have cancelled this agreement in writing.

I, the undersigned, understand it is my responsibility to contact All Borough Properties immediately if I fail to receive my monthly disbursement in the account listed below.

Owner name _____
Financial institution _____
Type of account Checking Savings _____
Full name on account (print) _____
Account number _____

Signature _____
Date _____

Please include a voided check or copy of a check; deposit slips are NOT accepted. Thank you.

Originating depository financial institution _____
Routing number _____

Accepted by: _____
Date _____