



Dowling Property Management, L.L.C.
Stephanie Campbell
Vice President
Property Manager

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DIRECT DEPOSIT AUTHORIZATION FORM

Please fill out this form in its entirety and return to Dowling Property Management with a voided check.

OWNER INFORMATION (Please Print)			
Last Name	First Name		
Address	City	State	Zip Code
Home Phone No.	Cellular No.	Email Address	
Driver's License No.	Driver's License State		

BANK/FINANCIAL ACCOUNT INFORMATION (Please Print)	
Bank Name	
Type of Account (Select One)	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number	Account Number

I, _____ authorize **Dowling Property Management, L.L.C.** to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking account or savings account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. I understand there will be a \$0.50 charge per direct deposit transaction.

Signature _____ Date _____

PLEASE SUBMIT THIS FORM WITH A VOIDED CHECK.