



Direct Deposit Agreement Form

Instructions

By completing this authorization form you are allowing WhiteStar Management to automatically deposit funds directly into your account each month allowing you faster access to your funds. The deposit will be made to your account by the 25th of each month.

Please fax or mail this form along with a voided check or deposit slip to:

WhiteStar Management, Inc.
72-171 Highway 111, Suite 110
Palm Desert, CA 92260
(760) 773-0123 (office)
(760) 773-5432 (fax)
Attn: Accounting

Authorization Agreement

I hereby authorize **WhiteStar Management** to initiate automatic deposits to my account at the financial institution named below. I also authorize **WhiteStar Management** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **WhiteStar Management** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **WhiteStar Management** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Accounting Department.