



5970 Keswick Avenue  
Riverside, CA 92506  
951-249-7766 office  
951-322-4277 fax

Authorization Agreement For Automatic Deposits (ACH Credits)

(To send payments to Vendors)6/13

\_\_\_\_ New

\_\_\_\_ Change

Vendor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

I (we) hereby authorize SoCo Management Inc, hereinafter called COMPANY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) :

(    ) Checking    (    ) Savings account (select one)

indicated below and the depository named below, hereinafter called DEPOSITORY to credit such account.

Bank: \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Attach a blank check to this authorization (VOID may be written on the check) at the bottom. Send Authorization with Voided check via email ([staff@socomanage.com](mailto:staff@socomanage.com)), fax 951-322-4277, or mail 5970 Keswick Avenue Riverside, CA 92506

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination at least 30 days prior to the next transaction date.

All statements are emailed –

Email Address: \_\_\_\_\_

PLEASE PRINT

Date \_\_\_\_\_ Signed X \_\_\_\_\_