

**ELECTRONIC FUNDS
TRANSFER
AUTHORIZATION**



PO Box 4364, Calabash, NC 28467
910.579.9434 Tel
910.579.9455 Fax

By signing below, I/we authorize Starheel Properties, Inc. to electronically transfer any and all money due to me/us concerning income or amounts owed from the management for my/our rental property(ies). I/We further authorize Starheel Properties, Inc. to reverse such action (return the funds to Starheel) due to unintentional mistakes or miscalculations. I/We understand that a processing fee of \$5.00 per transaction will be charged except in the case that Starheel Properties, Inc. is at fault.

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

	Date

Please provide the information below or attach/fax a voided check along with this signed form.

Rental Property(ies): _____

Name on Bank Account: _____

Bank Routing (ABA)#: _____

Bank Account #: _____

Account type: Checking Savings

Please check your preference for receiving Owner Statements:

Mail Email

_____ Preferred email address

PLEASE RETURN BY EMAIL, FAX OR MAIL. THANK YOU!