Trilogy Property Management LLC
Attn: Kristen Deakin
155 East Boardwalk Drive #426
Fort Collins, CO 80525
970-404-1767
Kristen@TrilogyRent.com

DIRECT DEPOSIT AUTHORIZATION
(ACH CREDITS)

_____ _____
Owner's Name (as it appears on bank account) Phone

_____ _____

_____ _____
Owner's Address Rental Property Address

I (We) hereby authorize Trilogy Property Management, LLC ("Trilogy") to initiate credit entries to my (our)

_____ Checking Account
_____ Savings Account

indicated below at the depository financial institution named below, hereby called DEPOSITORY, and to credit to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Revocation of this authorization must be made in writing.

_____ _____
Bank Name City (of Bank's location)

_____ _____
Routing Number Account Number

This authorization is to remain in full force and effect until Trilogy has received written notification from the undersigned of tis termination in such time and in such manner as to afford Trilogy and Depository a reasonable opportunity to act on it.

_____ _____
Signature Date

NOTE: ACH Credit Authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the Authorization.