



DIRECT DEPOSIT AUTHORIZATION

I (we) hereby authorize COASTAL REALTY CORPORATION, to initiate credit entries and, if necessary, debit corrections and adjustment entries to my (our) account at the financial institution listed below.

(Financial Institution Name) (Branch)

(Address) (City) (State) (Zip)

(Routing and Transit Number) (Account Number)

☐ Checking ☐ Savings ☐ Other (specify) _____
(Check Type of Account)

This authorization is to remain in full force and effect until Coastal Realty Corporation has received written notification from the recipient of its termination in such a time and manner as to afford Coastal Realty Corporation a reasonable time to act upon it.

Recipient Signature Printed Name

Date Email Address Property Address
(Please attach a voided Check or financial institution account verification letter to this form)