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ownerrelations@rosecityres.com

DIRECT DEPOSIT ENROLLMENT FORM

THERE ARE TWO REQUIREMENTS FOR THIS SERVICE!!

1. **You must** provide a valid e-mail address in order for us to meet our legal obligations to provide your payment detail. The email address can be your own, or that of a family member, a friend, your bank, your accountant, etc.
2. **You must** provide a voided imprinted check.

(Please type or print information legibly)

I authorize **RCR** to send my payment via Electronic Funds Transfer (Direct Deposit via ACH). Please deposit my payment in my checking_____ or savings_____ account (check only one).

Owner Name: _____

Social Security or TIN: _____

RCR Owner Number: (List all) _____

Phone Number: _____

Email Address (Required) _____

PLEASE ATTACH A **VOIDED CHECK** AND PROVIDE THE FOLLOWING

Bank Name: _____

Bank Routing (ABA) Number: _____

Bank Account Number: _____

Owner Signature: _____ Date: _____

Please return by mail or fax to the address and/or fax listed above.