



100 Independence Place, Suite 405
Tyler, Texas 75703
Phone # 903-480-9500 Fax # 903-504-5406
ownerrelations@rosecityres.com

DIRECT DEPOSIT ENROLLMENT FORM

THERE ARE TWO REQUIREMENTS FOR THIS SERVICE!!

1. **You must** provide a valid e-mail address 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 or a letter from your bank with account information.

(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 EIN: _____

RCR Owner Number: (List all) _____

Phone Number: _____

Email Address (**Required**) _____

PLEASE ATTACH A **VOIDED CHECK or LETTER FROM BANK** AND PROVIDE THE FOLLOWING

Bank Name: _____

Bank Routing (ABA) Number: _____

Bank Account Number: _____

Owner Signature: (**Required**) _____ Date: _____

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