

Direct Deposit  
Authorization

# Lighthouse Management Partners Inc.

3842 Harlem Rd. Suite 400-280 Buffalo, New York 14215  
(716) 880-0780 Office (716) 876-3530 Fax

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## Part 1 – Payee Identification

Name(s) <i>as appears on bank account:</i>	
Tax Identification Number/SSN:	
Address <i>as appears on bank account statement:</i>	

## Part 2 – Payee Financial Institution

Name of Financial Institution:	
Address where account opened:	
Type of Account:	<input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings <input type="checkbox"/> Business Checking
Routing Number:	
Account Number:	

## Part 3 – Payee Authorization

I hereby request and authorize Lighthouse Management Partners, Inc. to deposit payments by electronic funds transfer into the account specified above and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature:	
Printed Name:	
Date:	