



## SettlementOne Valuation

### Direct Deposit Agreement Form

#### Authorization Agreement

I hereby authorize SettlementOne Valuation to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold SettlementOne Valuation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until SettlementOne Valuation receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to SettlementOne Valuation.

#### Account Information

Company Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_  Checking |  Savings

#### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please attach a voided check and return this form to SettlementOne Valuation.**

Please return form to the following: [apsnh@snhinc.com](mailto:apsnh@snhinc.com) or fax 702-925-6606