

ELECTRONIC FUNDS TRANSFER (EFT) FORM

Please fax this form to 702-310-3703 or email to ownerrelations@lsilife.com

Date: _____

Name of Owner(s): _____

Property/Suite Number(s): _____

I wish to use EFT. See the account information below.

I DO NOT wish to use EFT. I choose to pay any balance due by check and/or receive revenue by check for a \$25 per month processing fee.

I acknowledge that all revenue and monies due will be electronically deposited from the account provided.

ACCOUNT INFORMATION

Name on the Account: _____ Type of Account: Checking Savings

Name of Financial Institution: _____

Phone Number of Financial Institution: _____

Routing Number: _____ Account Number: _____

BILLING ADDRESS INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ Fax Number: (____) _____

Owner of Record Name (print): _____

Owner of Record Signature: _____ Date: _____