

Southern Coast Vacations & Rentals

Direct Deposit Form

1011 Highway 17 South
North Myrtle Beach, SC 29582
Fax: 843-903-3531

NAME OF PROPERTY AND UNIT # _____

OWNER NAME AND ADDRESS _____

OWNER PHONE NUMBER _____

OWNER EMAIL ADDRESS _____

I Hereby Authorize SOUTHERN COAST VACATIONS INC

To initiate credits/payments to my _____ checking account or _____ savings account
(Place an "X" to which applies in blank provided)

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an entry made in error. I also authorize the financial institution named below to debit and or credit the same such account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION

NAME OF BANK _____

CITY/STATE _____

ACCOUNT NAME _____

ACCOUNT NAME _____

2ND Name If Joint Account

ROUTING NUMBER _____

ACCOUNT NUMBER _____

PLEASE ATTACH A VOIDED CHECK!

This authority will remain in full force and effect until such time as Southern Coast Vacations Inc has received written notification from me, or my legal representative, of its legal representatives, that the plan has terminated. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of account owner

Print Name

Date

Signature Of Joint Owner If Applicable

Print Name

Date