

**ELECTRONIC FUND TRANSFER**

**Visual Matrix PMS<sup>®</sup>**  
**Image Technology Systems**

**Resolving Quarterly Maintenance Authorization Form**

**Bank Information**

Account Type  Checking  Savings

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Transit/ABA # (1<sup>st</sup> 9 digits encoded on your check)

BASED ON AGREEMENT

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

\$ \_\_\_\_\_  
Withdrawal Amount (USD)

**Client Information**

Client Name \_\_\_\_\_

Property ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**A U T H O R I Z A T I O N**

I hereby authorize Image Technology Systems to debit the account listed above each quarter when the software maintenance bill is generated. The withdrawal amount for each quarter is listed above.

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Authorized Signature

Authorized Printed Name

Date



Image Technology Systems  
1615 Dorchester Drive, Suite #100  
Plano, TX 75075  
Customer Service: 800 201-0333

**FAX COMPLETED FORM TO:**

**214 291-4007**

*Please Attach a voided check or photocopy of a check*