



## Direct Deposit Enrollment Form

Complete and return to Kasteel Property Management for immediate processing.

Start  
 Change\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list account number without dashes or other characters in ONE of the account type fields below.

Savings \_\_\_\_\_

Money Market \_\_\_\_\_

Checking \_\_\_\_\_

\*\*\*PLEASE INCLUDE A VOIDED CHECK\*\*\*

Type of deposit:  Full Pay or  Allotment \$ \_\_\_\_\_

Depositor:  
Kasteel Property Management, LLC  
354 Sweetwater Dr  
Springville, UT 84663

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_