

# Red Mountain Community Management LLC

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## ACH Credit/Debit Authorization

I (we) hereby authorize RMCM LLC to initiate entries to my (our) checking/savings accounts at the Financial Institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until RMCM LLC is notified by me (us) in writing to cancel it in such time as to afford RMCM LLC and the Financial Institution a reasonable opportunity to act on it. A copy of voided check or deposit slip must be accompanied with this document for ACH authorization.

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

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Unit Number

\_\_\_\_\_  
Print Address

\_\_\_\_\_  
Print Contact Phone Number

TOTAL amount due monthly: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

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### Please return to:

RMCM LLC

PO Box 915

Silverthorne, CO. 80498

Phone: (970)281-2297

Fax: