ACH Authorization Form

Consumer Authorization for Direct Payment Via ACH (ACH Debits).

Credit/Debit Authorization Form

I (we) hereby authorize _____RRS Management LLC (The Company) to initiate debit entries to my (our) checking accounts at the financial institution listed below (The Financial Institution), and if necessary, initiate adjustments for any transactions credited/debited in error. (Prior authorization will be obtained before correcting any errors). This authority will remain in effect The COMPANY is notified by me (us) in writing to cancel it in such time as to afford The COMPANY and The FINANICAL INSTITUTION a reasonable opportunity to act on it.

Unit Owner Name _____Address_____

Name of Financial Institution _____

_____

_____ Checking

Select One withdrawal Date: _____ 1st of the month _____ 13th of the month.
Withdrawal will be done on or about the date selected. Dollar Amount to withdrawn $_____.

Financial Routing Number: _____

Account Number: _____

Voided Check is required to verify Routing #

Account Owner Signatures _____Date_____

I (we) understand that this authorization will remain in full force and will be adjusted if common charges change. The authorization will remain in full force and effect unit I (we) notify The COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand the company will require two weeks to terminate any Withdrawals.

If there are insufficient funds in the account a late fee will be assessed, and the unit owner is responsible for the scheduled payment not completed.

If the unit owner defaults on any obligations imposed under this agreement the Association/Company reserves the right to terminate the automatic payment agreement and to bill the owner for future monthly required payments.