



Authorization Agreement for Direct Payments (ACH Debits)

Customer Name _____ hereby authorizes TMMC Property Management to initiate entries to debit our account as described below:

Financial Institution Name _____

Account Number _____ Checking _____ OR Savings _____

Bank Routing Number _____

This authority is to remain in full force and effect until TMMC has received written notification from the Customer of its termination in such time and in such manner as to afford TMMC a reasonable opportunity to act on it.

Signature _____ Date _____

Property Address _____

Effective Date _____

Please return this form along with a voided check to TMMC Property Management, P.O. Box 1401, Castle Rock, Co 80104. Should you have any questions regarding this form please contact our office at (303) 985-9623. Your payments will be removed from your account on the 10th of the month. You should expect your automatic debit to begin the month after we receive your request.

Thank You
TMMC Property Management

PLEASE BE SURE TO ENCLOSE A VOIDED CHECK