



Bank Transfer Authorization Form for Direct Payments (ACH Debits)

For your convenience, you can now have your monthly bill automatically paid from your checking or savings account by ACH. There are NO convenience fees charged for this service.

Terms and type of billing (select one)

Auto Draft: RRMP will electronically debit my bank account on the 3rd of each month in the amount of \$ _____. If the 3rd falls on a weekend or holiday, your account will be drafted on the next business day.

E-mail Billing: RRMP will email the monthly billing statement to Resident on or about the 25th of the month proceeding the due date. A link will be provided within the email to enable the **RESIDENT** to pay the statement online.*

Phone Call Approval: RRMP will process an ACH in the amount specified by the Resident's phone call. *

***Payment must be made PRIOR to 3:00 pm on the 5th of the month to avoid a late fee.**

Resident Bank Information:

Account Type (check one): Checking Savings Personal Business
Bank Name _____ City _____ State _____ Zip Code _____
Routing # _____ Account # _____

Resident Personal Information:

Resident Name _____ Mailing Address: _____

Property Address (if different) _____
Phone # _____

I authorize Ridge Road Mobile Park Ltd., Co. (RRMP) to electronically debit my bank account according to the terms outlined above. I acknowledge that electronic debits against my account must comply with the United States law.

This payment authorization is to remain in effect until I, _____, notify RRMP of its cancellation by giving a written notice and enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

There will be a \$35.00 charge for any returned insufficient draft in addition to any late fees.

Resident Signature Resident Printed Name Date



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