

COMPLEX: Mountain Side

UNIT #: _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Managers Operating Co. Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF YOUR FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT) _____

ADDRESS (PLEASE PRINT) _____

PHONE NUMBER: (H) _____ (W) _____

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____
(located on the bottom left of your check)

**PLEASE ATTACH A
VOIDED CHECK
HERE**

.....
RETAIN FOR YOUR RECORDS: On _____ I authorized: Managers Operating Co. Inc.
(DATE) P.O. Box 647
Frisco, CO 80443
(970) 668-3174 (Phone)
(970) 668-3032 (Fax)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial Payment Amount: \$ _____ (If payment amount changes we will notify you at least 30 days before the regularly scheduled payment date.)