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AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

A Cut Above Property Management

I (We) hereby authorize A Cut Above Property Management, hereinafter called COMPANY, to initiate a credit/debit entry to my (our)

Checking Account

Savings Account

(Select one)

indicated below and the depository names below, hereinafter called DEPOSITORY, to credit/debit same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____

STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____

DEPOSITORYNAME: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____

E-MAIL ADDRESS: _____

PROPERTY ADDRESS: _____

DATE: _____ SIGNED: _____

(STAPLE VOIDED CHECK TO THIS FORM)