

WITHDRAWAL AUTHORIZATION FORM

I hereby authorize Ridgeline Property Management LLC , here in after called (COMPANY) to initiate withdrawals from my account at the financial institution named below, and if deemed necessary, in their sole discretion initiate adjustments for any transactions credited/debited in error.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSITUTION a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution (Bank, Credit Union, etc.)

Address of Financial Institution (City, State, & Zip)

Account Holder's Name

Account Number ☐ Checking ☐ Savings
(Check One)

Routing Number

\$ _____ . _____
Initial Withdrawal Amount Frequency

X _____ / _____
Account Holder's Signature Date

Attach Voided Check Below:
