

406-657-0500
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PO Box 1653
Billings, MT 59103
todd@tailwindmgmt.com

ACH Authorization Form/ Owner Deposit Service

Customer Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Type of Account: **Personal or Business**
(please circle) **Checking or Savings**

Routing/Transit No: _____

Account Number: _____

Bank Name: _____

Bank Address: _____

Bank City / State: _____

Bank Phone: _____

I authorize Tailwind Management to deposit funds to my bank, savings and loan, or credit union account. The deposit will post to my account on or about the **10th** of the month. I understand that I control my payments, and if at any time I decide to stop or suspend this deposit service, I will notify Tailwind Management in writing 30 days in advance.

My signature below indicates that I have verified and confirmed that all of the information provided above is correct.

Customer Signature

Date

A voided check must be submitted along with this form.
Please attach voided check here.