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TAILWIND MANAGEMENT
PROPERTY MANAGEMENT, MAINTENANCE & LEASING SERVICES

PO Box 1653
Billings, MT 59103
todd@tailwindmgmt.com

ACH Authorization Form

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 withdraw funds from my bank, savings and loan, or credit union account in the amount of my monthly rent or dues. This withdrawal will be made on the **5th** day of every month. I understand that I control my payments, and if at any time I decide to stop or suspend this payment service, I will notify Tailwind Management in writing 30 days in advance.

I understand that if my automatic draft is returned for non-sufficient funds or account closed I may be charged additional fees and collection actions may be taken.

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.