

**AUTHORIZATION AGREEMENT FOR VENDOR PAYMENTS (ACH CREDITS)**

Vendor Name: \_\_\_\_\_

Vendor Tax Identification Number: \_\_\_\_\_

Vendor Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

I (we) hereby authorize RTI/Community Management Associates, Inc. dba CMA as agent for any CMA managed community, to initiate credit entries to:

Credit entries to: (Select only one of the following)

- Checking Account
- Savings Account

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE PROVIDE A VOIDED CHECK FOR THE ABOVE ACCOUNT WITH THIS FORM.**

This authorization is to remain in full force and effect until CMA has received written notification from me or the payor of its termination in such time and in such manner as to afford CMA and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this form to: RTI/Community Management Associates, Inc.  
1800 Preston Park Blvd., Suite 101  
Plano, TX 75093**

**Attention: Accounts Payable Department**