

ACH ENROLLMENT / CHANGE AUTHORIZATION

**THIS FORM MAY BE EMAILED ALONG WITH ANY DOCUMENTATION TO
DENISE@REMORAMANAGEMENT.COM**

I/we the undersigned hereby authorize Remora Management LLC (RMGMT) to initiate credit entries to the account indicated below at the depository financial institution named below (BANK). Owner(s) acknowledge that the origination of ACH transactions to Owner(s) account must comply with the provisions of U.S. Law.

Bank Name: _____

Routing #: _____

Account #: _____

RMGMT Owner Number: _____

SSN / Tax ID #: _____

Checking: _____ Savings: _____

I understand that my information may be verified by phone / mail. Initials: _____

Phone Number: _____

Email Address: _____

Owner(s) Name(s): _____

Owner(s) Signature(s): _____

Representative's Name: _____

Representative's Title: _____

ATTACH VOIDED CHECK HERE

PLEASE CONTACT DENISE LARKINS AT 281-203-3568 WITH YOUR QUESTIONS.