RUSHMORE RANCH ESTATES AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

I hereby authorize Rushmore Ranch Estates to initiate debit and, if necessary, credit entries to my account indicated below for my Rushmore Ranch Estates bill. I understand that the amount deducted will be my balance due indicated on the current bill. The withdrawal will take place on the 15th of each month or the next business day if the 15th falls on a holiday or weekend. I acknowledge that this authorization is to remain in effect until Rushmore Ranch Estates has received written or verbal notification of its termination.

THERE WILL BE A SERVICE CHARGE IF FUNDS ARE NOT AVAILABLE

Black Hawk, SD, 57718

Name:	PLEASE PRINT CLEARLY		
Address:	Name:		
Phone Number:	Account # (RRWxxx):		
Attach a voided check to form Image: State of the state	Address:		
with the second sec	Phone Number:		
Name of Bank: 9-Digit Routing #: Account #: Type of Account: Checking Savings Check one)		Attach a voided check to form	
9-Digit Routing #: Account #: Type of Account: Checking Savings Attach a voided check to form Date		Provide office Provide Office	
Account #: Type of Account: Checking Savings Attach a voided check to form Date Signature Please mail completed form to: Rushmore Ranch Estates	Name of Bank:		
Type of Account: Checking Attach a voided check to form Date Signature Please mail completed form to: Rushmore Ranch Estates	9-Digit Routing #:		
Attach a voided check to form Date Date Signature Please mail completed form to: Rushmore Ranch Estates	Account #:		
Date Signature Please mail completed form to: Rushmore Ranch Estates	Type of Account:	Checking Savings (check one)	
Signature Please mail completed form to: Rushmore Ranch Estates	Attach a voided check to	<u>form</u>	
<u>Please mail completed form to:</u> Rushmore Ranch Estates	Date		
Rushmore Ranch Estates	Signature		
		<u>rm to:</u>	