

**AUTHORIZATION FOR AUTOMATED PAYMENTS TO
ROCKY MOUNTAIN INSTITUTE**

I (we) _____ hereby authorize Rocky Mountain Institute to charge my (our) ___Checking ___Savings account indicated below, and the depository institution named below (hereinafter called DEPOSITORY), to charge same account. Please send this completed form to RMI, 1739 Snowmass Creek Road, Snowmass, CO 81654.

Account Name: _____

Depository (bank)

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

ABA/Transit #: _____ Account #: _____

Amount of Transaction: \$ _____

Frequency of Transaction: _____ One Time Only _____ Monthly

Preferred Date of Initial Transaction: ____/____/____

Signature of Account Holder(s):

_____ Date: _____

_____ Date: _____

**PLACE A
VOIDED CHECK
HERE**
