



**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, 2317 Snowmass Creek Road, Snowmass, CO 81654 or email it to engage@rmi.org.

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**
