



**SurePay Program Application**  
Automatic Payment Program

To start your SurePay direct debit from your bank account for your assessment payment, complete this form and return it along with a voided check (or savings deposit slip) to our **corporate office at the address below**, Attention: SurePay Program. You may also fax this form and copy of voided check directly to RMI Management's SurePay Coordinator at 702.214.2315.

**Please read entire disclosure at the bottom of this form.**

**Homeowner Information:**

Association: \_\_\_\_\_

Name (as shown on your deed): \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street City/State Zip

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

**Please change my address to the address above.**

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**Financial Institution Information:**

Please Debit My (please check one):

Checking Account (*attach copy of voided check*)

Savings Account (*attach a savings deposit slip*)

Name (as shown on the checking or savings account): \_\_\_\_\_

Institution Name: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_

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I hereby authorize RMI Management, LLC and the financial institution designated on this application to charge the account I have specified for payment of my association assessment. I understand that a fee may be charged to my account for any insufficient funds and that I can be excluded from this program in the event funds are not available in my account for payment. I understand that the payment will be taken out of my checking account sometime between the 1<sup>st</sup> and the 10<sup>th</sup> of each month. I understand that the financial institution or RMI Management, LLC can terminate this contract, and I can withdraw from the plan by giving thirty (30) days written notice. I understand that my account balance must be current in order to initiate participation in this program.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



a FirstService Residential Management company

**Corporate Office**

**Northern Nevada Office**

**www.rmilc.com**

■ 630 Trade Center Drive, Suite 100 Las Vegas, NV 89119

phone 702.737.8580 fax 702.737.3360

■ 6170 Ridgeview Court, Suite C Reno, NV 89519

phone 775.337.2700 fax 775.825.3705