

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Name of Condominium:

I/ (we) hereby authorize _____, hereinafter called the Condominium, to initialize debit entries to my/ (our) checking account indicated below and the bank named below. **This form only authorizes deductions for monthly condominium fees and special assessments.**

Bank Name

Branch

City

Transit/ABA # _____ Account # _____
(9 digit # in lower left corner of your check)

This authority is to remain in full force and effect until Condominium and Bank have received **written** notification from me (or either of us) of its termination in such time and in such manner as to afford Condominium and Bank a reasonable opportunity to act on it.

Print Name

Signature

Date

Unit number(s)

Print Name

Signature

Date

(Please remember to attach a **VOIDED CHECK** from the account you will be using)

THERE WILL BE A CHARGE FOR EACH AUTOMATIC PAYMENT THAT IS RETURNED FOR NON PAYMENT
THIS AGREEMENT WILL BE CANCELLED IF AN AUTOMATIC PAYMENT IS RETURNED TWICE

Please DO NOT alter this form in any way. Forms with exceptions noted will be returned.