

## The Gateway Condominium Trust Automatic Withdrawal Policy

We have made arrangements with North Shore Bank to provide automatic withdrawal of your condominium fees. If you are interested in having the Trust withdraw your fee on a monthly basis, you will need to do the following:

- ◆ Complete and sign the enclosed release form.
- ◆ Enclose a voided check from the account that you wish to have the funds withdrawn from.

Your fee will be deducted each month between the first and the fifth of the month.

There will be an annual fee of \$10.00 charged to your account for this service. This fee will be assessed every July. This fee may increase if the bank changes their rates.

If you have any questions or concerns, please do not hesitate to contact us.

## GATEWAY CONDOMINIUM TRUST

### Authorization Agreement for Direct Payments (ACH Debits)

Name \_\_\_\_\_

Address \_\_\_\_\_ Unit# \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_

I (We) hereby authorize E.P. Management Corp., on behalf of Gateway Condominium Trust, to initiate debit entries to my (our) \_\_\_\_\_ checking account/ \_\_\_\_\_ savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law within standard business banking practices.

DEPOSITORY (BANK) NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

\*Routing Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_  
(Attach **voided** check to the authorization form)

Effective Start Date: \_\_\_\_\_

This authorization is to remain in full force and effect until E.P. Management Corp. has received written notification from me (or an authorized representative) of its termination in such time allowing E.P. Management Corp. and DEPOSITORY a reasonable amount of time to act upon the termination.

NAME(s): \_\_\_\_\_ UNIT# \_\_\_\_\_

SIGNATURE(s): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE(s): \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: ALL DEBITS AUTHORIZATIONS MUST PROVIDE THAT THE ABOVE SIGNED RECEIVER MAY REVOKE/TERMINATE THE AUTHORIZATION AT ANY TIME BY DIRECTLY NOTIFYING E.P. MANAGEMENT CORP. IN WRITING.