

## VILLAGE AT SALISBURY SQUARE CONDOMINIUM

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

Name \_\_\_\_\_

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

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

I (We) hereby authorize E.P. Management Corp., on behalf of Village at Salisbury Square Condominium, 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.**