

**MORTGAGE AND TENANT INFORMATION REQUIRED PURSUANT TO
CHAPTER 400 OF THE ACTS OF 1992**

(Unit Owners) _____
Name(s) _____
DATE OF CLOSING: _____

Name of Condominium Association: The Village at Salisbury Square Condominium
Owner's Mailing Address: _____
City/State/Zip: _____

(FIRST MORTGAGEE)
Your Bank/Lenders Name: _____
Mailing Address: _____
City/State/Zip: _____
Loan or Account Number: _____

(SECOND MORTGAGEE)
Your Bank/Lenders Name: _____
Mailing Address: _____
City/State/Zip: _____
Loan or Account Number: _____

(ANY OTHER MORTGAGEE)
Your Bank/Lenders Name: _____
Mailing Address: _____
City/State/Zip: _____
Your Loan or Account Number: _____

**INVESTOR UNIT OWNERS MUST ALSO PROVIDE THE FOLLOWING
INFORMATION:**

Your Tenant Name(s): _____

**IS THERE AN ADDITIONAL INDIVIDUAL WITH AUTHORITY TO APPROVE
EMERGENCY MAINTENANCE AND/OR REPAIR TO YOUR UNIT? IF SO, PLEASE
SUPPLY TO FOLLOWING INFORMATION:**

Name: _____
Mailing Address: _____
City/State/Zip: _____
Telephone Number: _____

Please return this completed for to E.P. Management Corp, 7 Tozer Road, Beverly, MA 01915

Village at Salisbury Square Condominium

EMAIL Address Form

As a cost effective measure to minimize on copying costs and postage, email will be used to communicate notices and updates to Unit Owners. Official notices (i.e. Annual Meeting notices and budgets) will be sent by mail.

If you are in agreement to allow the Board of Trustees and E. P. Management to communicate with you via e-mail as the primary means of communication, please provide the following information to begin email communication:

Unit Owner: _____

Address: _____

E-mail Address: _____

Signature of Unit Owner

Date

Signature of Unit Owner

Date

Please print carefully so that we do not make a mistake when entering your e-mail address.

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.