

THE ARBORS CONDOMINIUM

Authorization Agreement for Direct Payments
(ACH Debits)

Name _____

Address _____ Unit# _____

Telephone # (_____) _____

I (We) hereby authorize E.P. Management Corp., on behalf of The Arbors 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.