



E.P. MANAGEMENT CORP.

7 Tozer Road
Beverly, MA 01915-1091
978-232-1126
Fax 978-232-1195

December 27, 2022

To: Unit Owners of The Residences at Middlewood Condominium

RE: Automatic Withdrawal of Condominium Fee

Dear Unit Owner(s):

As part of the transition, we would like to offer the option of having the Association withdraw your condominium fee on a monthly basis. Your fee will be deducted each month around the first of the month. This will become effective as of February 1, 2023.

If you are interested, please do the following:

- ◆ Complete and sign the enclosed Authorization Agreement for Deposit Payments.
- ◆ Enclose a voided check from the account that you wish to have the funds withdrawn.

In order for your January fees to be withdrawn, we need to have the above information in our office by January 15, 2023.

If you have any questions or concerns, please do not hesitate to contact Mariellen@epmanagement.com.

Sincerely,

E.P. Management Corp.

Enclosure



- Satellite Offices -

142 Merchants Row, Suite1, Rutland, VT 05701 • 802-775-1100 • 802-775-6360



THE RESIDENCE AT MIDDLEWOOD CONDOMINIUM

Authorization Agreement for Direct Payments
(ACH Debits)

New Participant _____
Existing Participant _____
(Change of bank information)

Name: _____

Address: _____ Unit# _____

Telephone #: (_____) _____

EMAIL: _____

I (We) hereby authorize E.P. Management Corp., on behalf of The Residence at Middlewood Condominium, to initiate debit entries to my (our) __checking account or __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.