

Direct Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Company Name: Property Management Consultants

Address: 15 North Shore Road Marmora, NJ 08223

*** FOR BANK USE ONLY**

I (we) hereby authorize Property Management Consultants to initiate debit entries to (our) checking or savings account

Please debit my (our) account for dues only:

Indicated below at the depository financial named below, hereinafter 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.

***If debiting from your checking account please attach a voided check from your account. If debiting from your savings account, please fill out the information below:**

Depository (Homeowner's Bank) _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Please do not forget to sign below

This Authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Depositor Name _____

Signature _____ Date _____

Phone Number _____

Name of Property _____ Unit # or address _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING ORIGNATOR in THE MANNER SPECIFIED IN THE AUTHORIZATION

For Checking Account – Attached a copy of your voided check.

(Check one) Checking Account

Savings Account

Return to: P MC 15 N. Shore Road Marmora, NJ 08223

or

Email to: pmcstaff@comcast.net