

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT OF ASSESSMENTS**

I (We) hereby authorize *Condo CPA*, as Agents for *Quincy Park Condominium Association* to initiate debit/credit entries to my (our) account at the financial institution named below in the amount indicated on my (our) monthly assessment invoice/coupon.

I (We) understand that my (our) checking/savings account will be debited/credited from the invoice/coupon amount on the 5<sup>th</sup> of each month, or the first business day thereafter.

**FINANCIAL INSTITUTION**

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ACCOUNT TITLE \_\_\_\_\_

CHECKING (  ) SAVINGS (  ) *You must attach a VOIDED check*

EFFECTIVE DATE (Month) \_\_\_\_\_

This authorization will remain in effect until *Condo CPA*, as Agents for *Quincy Park Condominium Association* has received written notification from me (either one of us) of its termination in such time and manner as to allow reasonable opportunity to act on it.

SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
Please print Please print

PHONE (home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (business) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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Notice to Account Holder: This agreement authorizes the periodic transfer of funds from your account at the financial institution listed above by electronic means. Your rights and liabilities under this agreement are governed in part by federal laws and regulations dealing with electronic funds transfers. You should consult your agreement with the financial institution which holds your account for a more complete disclosure of your legal rights. The above-signed customer acknowledges that the information provided is true and accurate.

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