AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: MONOCACY OVERLOOK

I (we) hereby authorize Monocacy Overlook Condominiums, hereinafter called COMPANY, to initiate debit of \$235.00 for my (our) Monthly Dues and a 30¢ bank charge, equaling \$235.30 to my (our) Financial Institution indicated below on the 10th of the month.

NAME OF FINANCIAL INSTITUTION
FINANCIAL INSTITUTION ROUTING/TRANSIT/ABA NUMBER
FINANCIAL INSTITUTION ACCOUNT NUMBER
MONTH TO BEGIN DIRECT DEBIT
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 manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.
Monocacy Property Address:
Signature: Date:
Name (Please Print):

PLEASE REMIT VOIDED CHECK & RETURN COUPONS