## **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

## COMPANY NAME: ECHO GLEN I CONDOMINIUM

I (we) hereby authorize <u>Echo Glen I Condominium</u> hereinafter called COMPANY, to initiate debit entries of \$175.00 for my (our) Monthly Dues and a 30¢ bank charge, equaling \$175.30 to my (our) Financial Institution indicated below on the 10<sup>th</sup> of the month.

NAME OF FINANCIAL INSTITUTION	
FINANCIAL INSTITUTION ROUTING/TRANSIT/ABA NUME	BER
FINANCIAL INSTITUTION ACCOUNT NUMBER	
MONTH TO DECIN DIDECT DEDIT	
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.	
Echo Glen I Property Address:	
Signature:	Date:
Name (Please Print):	

## PLEASE REMIT VOIDED CHECK & RETURN UNUSED COUPONS