AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: **MONOCACY OVERLOOK**

COMPANY ID NUMBER: 52-1668789

I (we) hereby authorize **Monocacy Overlook Condominiums**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Saving Account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

 BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ROUTING #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 DEPOSITORY a reasonable opportunity to act on it.

 NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Monocacy Overlook** property address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Maryland Zip: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_

**Date Automatic Withdrawal to begin: \_\_\_/10/2019**

Direct debit will be $230.00 +0.20 bank charge for direct debit = **$230.20**

# PLEASE REMIT VOIDED CHECK

**NOTE**: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE NAMER SPECIFIED IN THE AUTHORIZATION.