## **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

## COMPANY NAME: **BUCKINGHAM CONDOMINIUMS-FREDERICK, INC.**

I (we) hereby authorize <u>Buckingham Condominiums-Frederick</u>, <u>Inc.</u> hereinafter called COMPANY, to initiate debit entries of \$345.00 for my (our) Monthly Dues and a 30¢, equaling \$345.30 to my (our) Financial Institution indicated below on the 10<sup>th</sup> of the month.

NEW ENRO	LLMENTA	MEND CURRENT I	NFORMATION
NAME OF FINANCIAL INS	STITUTION		
ACCOUNT NUMBER		ROUTING NUMBE	ER
DIRECT DEBIT START DA	ATE .		
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.			
Old Farm Property Address:			
Name (Please Print):			
Signature:			Date:

## PLEASE REMIT VOIDED CHECK