

Edgewater I Condominium Association

Authorization to Withdraw Funds

I (we) authorize Edgewater I Condominium Association to withdraw the monthly assessment fee from my bank account. Withdrawals will be initiated between the 5th and 10th days of each month.

New Enrollment **OR** Replacement Account

Name(s) _____

Unit Address: _____

Email Address _____

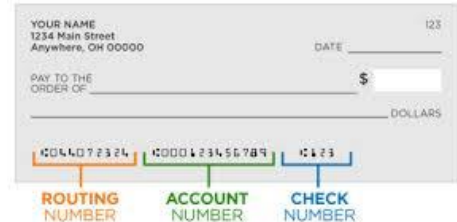
Daytime Contact Phone # _____

Account Type Checking Savings

Account # _____

Bank Routing # _____

**Please see the sample check to the right to double check that your account/routing numbers are written correctly.*



Banking Institution Name: _____

Month to Begin ACH _____ 20__

This authority remains in full force and effect until Edgewater I Condominium Association receives written notification from myself (ourselves) of its termination in such time and manner. I understand that if dues are increased/decreased while this agreement is in effect, the amount deducted monthly will adjust accordingly.

Signed X _____

Date _____

Signed X _____

Date _____