***PROPERTY MANAGEMENT OF ANDOVER, INC.***

***P.O. BOX 488, ANDOVER, MA 01810***

***Telephone: (978) 683-4101 Facsimile: (978) 686-4664***

**AUTHORIZATION AGREEMENT**

**DIRECT PAYMENTS (ACH DEBITS)**

**Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I (we) hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (property name), hereinafter called **CONDOMINIUM**, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Homeowner’s Bank Name) (Branch)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Address) (City/State) (Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Account: \_\_\_\_Checking \_\_\_\_ Savings

(Routing Number) (Account Number)

(Numbers printed at bottom of your check)

In the event that a debt charge is denied by the Owner’s Bank for lack of funds, ACH program participation will be terminated immediately. Should an owner wish to reinstate participation, the account must first be brought current. Then the Owner must contact Property Management of Andover to re-enroll.

The authority is to remain in full force and effect until **CONDOMINIUM** has received written notification from me (or either of us) of its termination in such time and manner as to afford Property Management of Andover and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Individual Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Individual Unit Number)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

 **\*\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM! \*\*\***

**Please complete this form and return via mail or fax to the address/fax # noted above.**