

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

**NOTE: A VOIDED CHECK MUST BE ATTACHED TO THIS FORM TO BE PROCESSED PROPERLY.
REQUEST MUST BE RECEIVED NO LATER THAN 15 DAYS BEFORE PAYMENT START DATE.**

I (we) hereby authorize **FIRST REAL ESTATE MANAGEMENT**, hereinafter called "Company," to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called "Depository," and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) understand that this debit will occur on or about the **1st or 15th (circle one)** of each month in which assessment payments are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Bank Name: _____ Routing Number (9 digits): _ _ _ _ _

Account Number: _____ **Payment Start Date:** _____

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.

My association(s): _____
(If you belong to **more than one association**, please write each association for which you would like automatic debit)

My 2nd association: _____

My 3rd association: _____

Name(s): _____
(Please print) (Please print)

Address: _____ City: _____ State: _____ Zip: _____

Signature(s): _____ Phone: _____

Your email address: _____ Date: _____

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PLEASE RETURN FORM AND VOIDED CHECK TO:
First Real Estate Management
5304 Dorsey Hall Drive
Ellicott City, MD 21042

Management Company Use Only: _____

Homeowner Account Number: _____ *Date entered:* _____