



Unit Owners Association
C/o: Trimark Corporation
6231 Leesburg Pike, Suite 100
Falls Church, VA 22044

Authorization Agreement For Automated Payment System (ACH Debits)

Unit Owner Name: _____

Unit#(s): _____

Trimark Account#: _____
(XXX-XX)

Due Date: 1st of Each Month

I (we) hereby authorize Trimark Corporation, managing agent for _____ to initiate debit entries to my (our) account indicated below at the depository named below, to debit the same to such account. If funds in the account so debited are not sufficient to cover such ACH debits, I (we) shall pay company \$35.00 for each non-sufficient funds occurrence.

Depository (Bank) Name: _____

Account Holder Street Address: _____

ABA Routing #: _____ Account #: _____

Payment Amount: \$ _____ Effective Month/Year: _____

PLEASE ATTACH A VOIDED CHECK

This authorization is to remain in full force and effect until Trimark Corporation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Trimark Corporation a reasonable opportunity to act on it. Under penalties of perjury, I (we) certify that the below Name and Signature(s) are authorized signers to the Depository (Bank) Name. (Please complete and return to the address above or fax to 703-940-4441.)

Name(s): _____

Title(s): _____

Signed: _____ Date: _____

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

Internal Use Only:



EFT Networks Data Entry Code: _____ Data Entry Date: _____