

AUTO DEBIT AUTHORIZATION FORM

ASSOCIATION NAME _____

OWNER(S) NAME(S) _____

PROPERTY ADDRESS _____

MONTH START DATE _____

ASSESSMENT FREQUENCY _____ Monthly _____ Quarterly _____ Annual

ASSESSMENT AMOUNT \$ _____

NAME OF BANK _____

NAMES ON BANK ACCOUNT _____

ACCOUNT TO BE CHARGED: _____ Checking (**Voided check must be enclosed**)
(choose one)
_____ Savings - Account # _____ Routing # _____

Home Phone _____ Day time Phone _____

I HAVE INCLUDED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I UNDERSTAND THIS DEBIT WILL APPEAR ON MY BANK STATEMENT UNDER THE DESCRIPTION OF ASSOCIATION LOCK BOX. I ALSO REALIZE THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT BETWEEN THE 5TH AND 10TH WORKING DAY OF EACH MONTH, IF A MONTHLY ASSESSMENT OR THE 5TH AND 10TH WORKING DAY OF THE FIRST MONTH OF THE QUARTER ,IF A QUARTERLY ASSESSMENT. IN ADDITION, I UNDERSTAND THIS AUTO DEBIT WILL REMAIN UNTIL I NOTIFY MY ASSOCIATION IN WRITING 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO GIVE THE ASSOCIATION AUTHORITY TO INCREASE THE AUTO DEBIT AS MAINTENANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO:

Office use only

IN RHODES MANAGEMENT, INC.
ATTN: ANGELA
PO BOX 81726
ROCHESTER, MI 48308-1726

Account number _____
Set up on _____
By _____

Phone (248) 652-8221