



DEBIT AUTHORIZATION FORM – NEW OR CHANGE

I (we) hereby authorize **Summit Gardens**, hereinafter called COMPANY, to initiate debit entries for monthly maintenance fees to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. **I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.**

Financial Institution Name

Routing Number

Account Number

Type: Checking Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

*****INCLUDE A VOIDED CHECK WITH THIS FORM*****

This form must be received in our office by the 15th of the **CURRENT** month in order to process the auto withdraw for the **NEXT** month. If received after the 15th, your auto withdraw will not begin until the following month. **For faster processing, please email this form to sleadingham@mulloyproperties.com or you may send it through the mail it to the attention of Santha Leadingham.**

Property Address

First withdraw to begin in the month of:

Print Name

Date

Signature