

Direct Payment Program Authorization Form

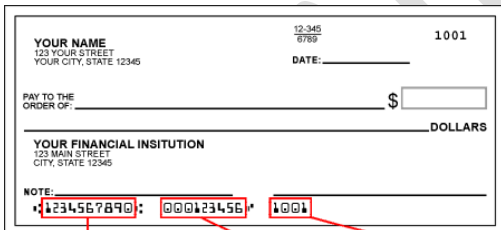
URBAN PROPERTY MANAGEMENT | 35 FAY STREET UNIT 107A | BOSTON MA 02118 | t. 617-437-6755 | f. 617-437-9933 | e. INFO@URBANMANAGEMENT.NET

Urban Property Management is pleased to offer electronic payment at no charge. We will automatically transfer only your condominium fee from your checking/savings account to your association's operating account. Please review the AUTHORIZATION section very carefully and do not hesitate to call the office at 617-437-6755 ext 207, if you have any questions.

If you are interested in participating, please complete the form below and return to our office; please remember to attach a voided check. The first transfer will occur on the 5th of each month, as long as we receive the form by the 1st of the month.

OWNER INFORMATION			
Condominium Name:			Unit No.:
Owner Name:			
Mailing Address:			
City:	State:	ZIP Code:	Home Phone No.: ()

FINANCIAL INSTITUTION / PAYMENT INFORMATION	
Name of Institution:	Account Types: <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	Bank Routing Number:
Please debit my ongoing condominium fee payments from the Account listed above on or after the 5 th day of each month until this contact has been terminated.	First Payment Date: / /



Routing Number Account Number Check Number

Please remember to include a voided check from account (if applicable).

AUTHORIZATION

I authorize the electronic debit to my account as outlined in the above *Direct Payment* form. I understand and agree the the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorize. This authorization is also applicable to any and only, monthly payment amounts and increase in budgets. Amounts above and beyond require written authorization prior to the 1st of each month. **Change of Information:** I agree to notify in writing to Urban Property Management Corp. fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or change or situation that may affect debiting the *Direct Payment*. **Returns:** I authorize a \$25.00 return fee to be debited from my account if an *ACH Payment* is returned unless the returned item was the result of an error by Urban Property Management, Corp.

Signature: _____

Date: ____/____/____