

Association number: \_\_\_\_\_

Unit Account Number: \_\_\_\_\_

**Erickson Realty & Management, Inc.**

Complete and return this form if you wish for your assessment to be automatically withdrawn from your bank account on the 5<sup>th</sup> each month. This is processed in-house by Erickson Management whereas the online payments are processed thru a 3<sup>rd</sup> party provider.

This authorization agreement is solely for the purpose of paying my/our Monthly assessment to the \_\_\_\_\_ Association in the current amount of \$ \_\_\_\_\_

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

**ASSOCIATION NAME:**

I (we) hereby authorize The Association named above hereinafter called COMPANY, to initiate debit entries to my (our) ( ) **Checking** ( ) **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

BANK NAME \_\_\_\_\_

ROUTING #:

ACCOUNT #:

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.

Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Signature: X \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**A VOIDED CHECK MUST BE ATTACHED**

Mail completed form to: Erickson Realty & Management, Inc., 13301 S. Ridgeland Ave, Suite B  
Palos Heights, IL 60463

-or-

Fax completed form to 708-425-8562

-or-

email completed form to [info@ericksonmanagement.com](mailto:info@ericksonmanagement.com)

**IMPORTANT:**

**COMPLETED FORM MUST BE RECEIVED IN THIS OFFICE BY THE 25<sup>TH</sup> OF THE MONTH IN ORDER FOR ACH TO BE EFFECTIVE THE FOLLOWING MONTH. YOU WILL RECEIVE A LETTER OR EMAIL (IF ENTERED ABOVE) CONFIRMING YOUR ENROLLMENT AND THE EFFECTIVE START DATE.**