

FirstService Residential Automated Payment Form (Direct Debit Process)

Association Name: _____

Unit Owner: _____

Unit Number: _____

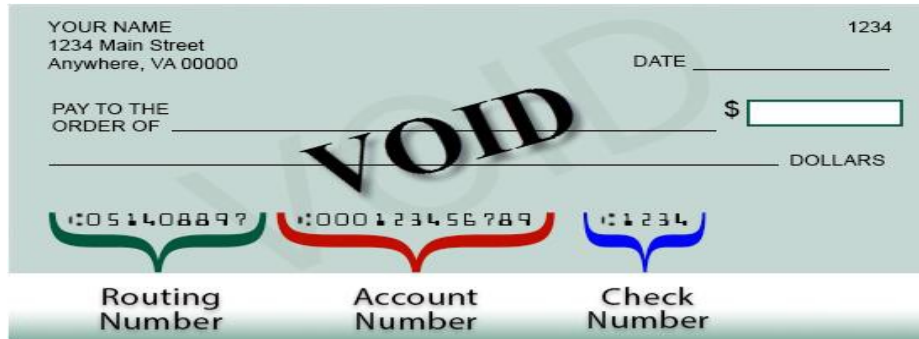
Unit Address: _____

Unit Owner's Bank and Routing Number: _____

Unit Owners' Bank Account Number: _____

THIS ORIGINAL COMPLETED FORM ALONG WITH AN ORIGINAL VOIDED CHECK OR BANK LETTER SHOWING THE ACCOUNT NUMBER AND ABA(ROUTING) NUMBER MUST BE RECEIVED IN OUR OFFICE BY THE 15TH OF THE MONTH TO START THE DIRECT DEBIT PROCESS THE FOLLOWING MONTH. FAXES OR PDF WILL NOT ACTIVATE THIS SERVICE.

Example:



I/we authorize FirstService Residential on behalf of the Association noted above, to withdraw on or about the beginning of every month, the full monthly assessments due to the Association from my account, noted above. I/we understand it is my responsibility to ensure funds are available and I/we am responsible for all additional charges and fees should such funds not be available. Once this service is activated, I understand that the monthly Association fees will be withdrawn from the account above unless I notify FirstService Residential, in writing, thirty (30) days prior to an effective date to stop such withdrawals.

Name: _____

Mailing Address: _____

Phone Number: _____

Signature: _____ Date: _____

Please check if you would like confirmation of your ACH start date mailed to you.

Please forward to:
Peggy Farrow, Accounts Receivable Supervisor
FirstService Residential
8701 Georgia Ave., #300
Silver Spring, MD 20910
(301)495-6600