



# Property Management People

## Authorization Agreement for Direct Payments (ACH Debits)

New Authorization     Update Account Information     Cancel Agreement:

Start Date: \_\_\_\_\_ Cancel Date: \_\_\_\_\_

**Please Note:** Payments are deducted on or about the *5<sup>th</sup> business* day each month  
Forms must be returned by the 30<sup>th</sup> of the month in order to be processed the next month

### Authorization Agreement

I (we) hereby authorize Property Management People, Inc., hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account /  Savings Account (Select ONE) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of collecting assessments for my community.

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 manor as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

### Account Information

Financial Institution Name: \_\_\_\_\_

Branch (City, State, & Zip): \_\_\_\_\_

Routing Number (9 Digits): \_\_\_\_\_

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

### Applicant Information

Homeowner Account No: \_\_\_\_\_

Property Address: \_\_\_\_\_

Print Name (s): \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check (checking) OR deposit slip (savings) and return this form to:**

**Property Management People, Inc.  
Attn: Association Accounting  
92 Thomas Johnson Dr, Suite 170  
Frederick, MD 21702**