

**Application for Direct Withdrawal of  
Association Dues**

You are authorized to make my monthly condo payment in the amount of  by charging the account listed below. This authorization is to remain in full force and effect until revoked by me in writing or until the condo fee is amended. I agree that your treatment of each such charge, and your rights to it, shall be the same as if each was a personnel check signed by me. Should any such charge be dishonored (whether with or without cause), you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of contract rights.

**My first date of draft** is contracted to be the  day of

**Withdrawal date** (select one): 1<sup>st</sup>  5<sup>th</sup>  of the month.

Condo Association

Last Name  First Name  Initial

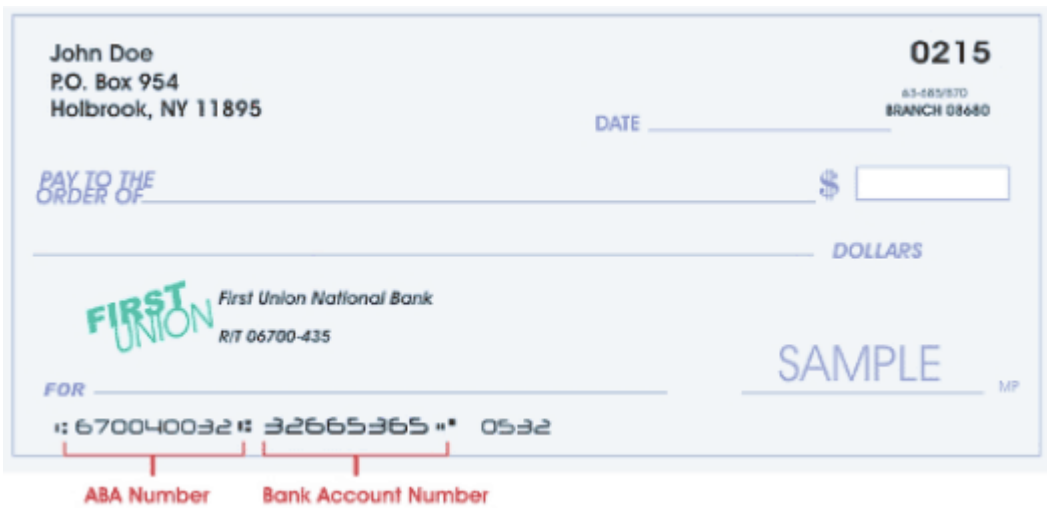
Address  Unit #  City  State  Zip

Home Telephone  Work Telephone

\_\_\_\_\_  
**Signature of depositor for above account**

\_\_\_\_\_  
**Date**

Attach voided check for account to charge.



\*Please print this form and return to our office with the attached check.