

# Arthur Edwards, Inc.

experts in community association management services

Tel. 201-722-9600

210 Broadway | Hillsdale NJ 07642

Fax 201-722-9601

## Unit Owners Authorization Form for Electronic Payment (Auto-Debit)

Your Association: \_\_\_\_\_

Personal and Unit Information	Bank Information
YOUR NAME _____ UNIT ADDRESS _____ YOUR PHONE _____ YOUR EMAIL _____	BANK NAME _____ ABA ROUTING NUMBER _____ ACCOUNT NUMBER _____
<p style="text-align: center;"></p> <p><i>Alternate address if you do not reside at the property:</i></p> STREET ADDRESS _____ CITY STATE ZIP _____	Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account  MONTH TO BEGIN DEDUCTIONS – NEXT MONTH IF LEFT BLANK _____

➤ **PLEASE ATTACH A BLANK CHECK WITH THE WORD “VOID” WRITTEN ACROSS IT**

I authorize \_\_\_\_\_ (Association) and its Agents, including Financial Institutions, to initiate electronic debit entries for all invoiced charges, and if necessary, credit entries and adjustments for any debit entries made in error to my checking and/or savings accounts listed above. This authority is to remain in force and effect until Arthur Edwards Inc. has received written notification from me of its termination in such time and in such manner as to afford Arthur Edwards and the Depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries posted by Arthur Edwards or the Depository prior to its receipt.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
2nd Name if Joint Account

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (if required)

**E-mail** form and check to: [info@arthuredwardsinc.com](mailto:info@arthuredwardsinc.com) | **Fax** form and check to: **201-722-9601**

**Mail** form and check to: **Arthur Edwards Inc. | 210 Broadway | Hillsdale, NJ 07642**

[www.arthuredwardsinc.com](http://www.arthuredwardsinc.com)