

THE CROSSING CONDOMINIUM
C/O PROCAM, LLC
1422 PORTNER ROAD, SUITE 5
ALEXANDRIA, VA 22314
703-536-5200

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I authorize THE CROSSING CONDOMINIUM to initiate debit entries for the MONTHLY condominium fees/homeowners assessments between the 5th and 8th of every month to the checking/savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____, Branch _____

Transit/ABA No. _____, Account No. _____

This authority is to remain in full force and effect until THE CROSSING CONDOMINIUM and DEPOSITORY has received written notification from me of its termination in such time and in such manners to afford THE CROSSING CONDOMINIUM and DEPOSITORY a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging the account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. I realize that a charge will be assessed for insufficient funds and for notification of any changes if not given at least 15 days in advance of the 1st of the following month.

Name(Please Print) _____ Signature _____

Co-Signer's
Name(Please Print) _____ Signature _____

Phone # (Work) _____ (Home) _____

Account #/Unit # _____ Date _____

*****VOIDED CHECK (not a deposit slip) MUST BE ATTACHED*****

PLEASE NOTE: If your bank is a CREDIT UNION, please call and ask for the correct ABA No. and Account No. Those numbers may NOT appear on your check. The same applies to those wishing to use MUTUAL FUNDS.

FOR OFFICE USE ONLY: