

Exceptional Property Management

Authorization Agreement for Automatic Withdrawals

ASSOCIATION:			
BUILDING & UNIT NUMBER:			
(withdrawal) transactions to my (o	olidated Community Management our) [] Checking [] Savings account ccount. The withdrawal is schedule	indicated below and the depo	sitory named
BANK NAME:			
CITY:	STATE:	ZIP	
BANK TRANSIT/ABA#:	ACCOUNT#:		
	force and effect until the Company in such time and in such manner tach a check marked VOID .		
NAME:	NAME:		
ADDRESS:			
CITY, STATE, ZIP:	PHONE:		
SIGNED:	SIGNED:		
DATE:	DATE:		

Attach voided check here

Sample Check—Lines 72b Through 72d



