

# SALEM SQUARE CONDO ASSOCIATION

## PREAUTHORIZED DEBIT AUTHORIZATION AGREEMENT

I hereby authorize Salem Square Condo Association to initiate electronic debit entries as documented below. It is agreed that these debits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA).

Name \_\_\_\_\_  
*Printed* *Signature*

Email Address \_\_\_\_\_ Condo Unit # \_\_\_\_\_

Deduction Start Date \_\_\_\_\_ Monthly Deduction \$ \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing Number # \_\_\_\_\_ Account # \_\_\_\_\_

Checking  Savings  Credit Union

Attach Voided Check to verify Account & Routing Numbers:

This authority shall remain in full effect until Salem Square Condo Association has received written notification from me of its termination in such time and in such manner as to afford Salem Square Condo Association and the bank a reasonable opportunity to act upon the termination request.

**\*\*\*\*\* IMPORTANT \*\*\*\*\***

***IF YOU CHANGE BANKS OR ACCOUNT NUMBERS, YOU MUST NOTIFY US IMMEDIATELY.***