

ACCOUNT #: _____

WELLEBY MANAGEMENT ASSOCIATION INC.
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

CHANGE OF BANK INFORMATION () OR NEW START DATE: _____

QUARTERLY () OR ANNUALLY () * *ANNUAL ACH MUST START IN JANUARY*

WELLEBY PROPERTY ADDRESS: _____ Sunrise, FL 33351

I/We hereby authorize WMA or their agent(s), (the "Company") to initiate debit (withdrawal) transactions to my/our [] Checking Or [] Savings account indicated below and the depository named below to debit the same to such account. The withdrawal is scheduled to occur between the 1st and the 10th of each quarter (if quarterly) or between the 1st and 10th of January (if annually).

BANK NAME: _____

CITY: _____ STATE: _____ ZIP: _____

BANK TRANSIT/ABA#: _____ ACCOUNT#: _____

This authority is to remain in full force and effect until the Company has received written notification from me (either of us) of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it. Please attach a check marked **VOID**. Insufficient Funds in the account will result in an additional fee.

MANAGER OR REP NAME (if any): _____

OWNER NAME: _____

MAILING ADDRESS (if different): _____

If alternate mailing address is written in all Welleby correspondence will be mailed to this address/must be in Continental US

PHONE NUMBERS (W/NAME:): _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

ATTACH VOIDED CHECK OR DOCUMENTATION SHOWING YOUR NAME AND YOUR BANK ACCOUNT NUMBER