

WELLEBY MANAGEMENT ASSOCIATION INC.
ACH AUTHORIZATION AGREEMENT

DATE: _____

ACCT #: _____ **PROPERTY ADDRESS:** _____, **SUNRISE FL 33351**

- **ONE-TIME PAYMENT:** () **IN THE AMOUNT OF: \$** _____
- **SCHEDULE PAYMENT:** ()

 \$60 QUARTERLY: () **DATE TO WITHDRAW (1 – 15):** _____

 \$240 ANNUALLY: () **DATE TO WITHDRAW (JAN 1 – 15):** _____

I/We hereby authorize WMA or their agent(s), (the “Company”) to initiate debit of the above (withdrawal) transactions to my/our bank account indicated below and the depository named below to debit the same to such account. Returned payments will result in an additional fee.

BANK NAME: _____ **BANK ROUTING/ABA#:** _____

ACCOUNT #: _____

If scheduled payments are authorized herein, this authority is to remain in full force and effect until WMA has received written notification from me/us of its termination in such time and in such manner as to afford WMA a reasonable opportunity to act on it.

SIGNATURE: _____ **PRINT NAME:** _____

PHONE: _____ **EMAIL:** _____

RETURN THIS FORM TO WELLEBY MANAGEMENT AT LEAST 5 DAYS PRIOR TO PAYMENT DATE:

WELLEBY MANAGEMENT ASSOCIATION INC
4570 N HIATUS ROAD
SUNRISE FL 33351
INFO@WELLEBY.NET