

AUTO DEBIT AUTHORIZATION FORM

ASSOCIATION NAME _____

OWNER(S) NAME(S) _____

PROPERTY ADDRESS _____

MONTH START DATE _____

ASSESSMENT FREQUENCY _____ Monthly _____ Quarterly _____ Annual
(Quarterly & Annual debits can only be used for associations that charge dues via this method)

ASSESSMENT AMOUNT \$ _____

NAME OF BANK _____

NAMES ON BANK ACCOUNT _____

ACCOUNT TO BE CHARGED: _____ Checking (**Voided check must be enclosed**)
(choose one)
_____ Savings - Account # _____ Routing # _____

Home Phone _____ Day time Phone _____

I HAVE INCLUDED A BLANK VOIDED CHECK AND HEREBY AUTHORIZE MY FINANCIAL INSTITUTION TO DEBIT MY ACCOUNT IN THE NAME OF MY HOMEOWNERS ASSOCIATION. I UNDERSTAND THE AUTO DEBIT WILL APPEAR ON MY BANK STATEMENT ON THE 5TH OF THE MONTH OR THE FIRST BUSINESS DAY FOLLOWING. IN ADDITION, I UNDERSTAND THIS AUTO DEBIT WILL REMAIN UNTIL I NOTIFY MY ASSOCIATION IN WRITING 30 DAYS PRIOR TO CANCELING THE AUTO DEBIT. I ALSO GIVE THE ASSOCIATION AUTHORITY TO INCREASE THE AUTO DEBIT AS MAINTENANCE FEES ARE INCREASED BY THE BOARD OF DIRECTORS.

***Please note, In Rhodes Management DOES NOT auto debit additional or special assessment, IF they are levied. You will need to mail in a physical check, should an assessment be approved by your Board of Directors in the future.

SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED FORM TO:

IN RHODES MANAGEMENT, INC.
ATTN: ACCOUNTING
3252 UNIVERSITY DR, #145
AUBURN HILLS, MI 48326

Office use only

Account number _____
Set up on _____
By _____

Phone: (248) 652-8221

Email: invoices@inrhodes.com