

DIRECT PAYMENT AUTHORIZATION

UNIT OWNER NAME: _____

UNIT #: _____ Doxbury Lane

I hereby authorize Stonegate Homes at Suffern - 9 (SG9) to initiate electronic debits to my **CHECKING** account for payment of the monthly common charges on my condominium (Doxbury Lane address above) in accordance with the following information:

Bank: _____

Bank Account #: _____

Monthly Payment: \$ _____ (cannot be less than monthly common charges)

Date of deduction: _____ (must fall between 1st and 10th of the month)

Start month: _____

By giving this authorization, I am agreeing to the following terms and conditions:

- ✱ I am responsible to ensure the above account is properly funded and to promptly notify SG9 if my account information changes.
- ✱ A declined payment request is equivalent to a bounced check and the same fines and penalties apply, including late fees, if applicable.
- ✱ I understand I will receive a notice at least 21 days in advance of my payment date if the amount of the debit changes for a specific month (as the result of fees, fines, or other charges).
- ✱ I will no longer receive payment coupons and remittance envelopes.
- ✱ I may request a statement of account at any time.
- ✱ This authorization remains in effect until I give notice of cancellation or change with confirmation in writing.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Account holder signature: _____

Date: _____

ATTACH VOIDED CHECK HERE - WE CANNOT ACCEPT STARTER CHECKS.