

Spencer's Crest Condo Association

Authorization to Withdraw Funds

The account below is NEW REPLACEMENT

I (we) authorize Spencer's Crest Condo Association to withdraw the monthly assessment fee from my bank account.

Name(s) _____

Unit Address: _____

Daytime Contact Phone # _____

Email Address: _____

Account Type Checking Savings

Account # _____

Bank Routing # _____

Banking Institution Name: _____

ACH to begin in _____, 20 ____ (*month & year*)

This authority remains in full force and effect until Spencer's Crest Condo Association receives written notification from myself (ourselves) of its termination in such time and manner. The amount withdrawn will adjust when dues are increased/decreased annually unless I/we notify Spencer's Crest Condo Association that we wish to terminate the service.

Signed X _____

Date _____

Signed X _____

Date _____