

**Linden Woods Condominium Association
EPI Management Company, LLC
Authorization Agreement for Automatic Withdrawals
(ACH Debits)**

I (we) hereby authorize Linden Woods Condominium Association, herein after called PROPERTY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Account indicated on the attached check, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

ATTACH VOIDED CHECK HERE

This authorization is to remain in full force and effect until PROPERTY has received written Notification from me (or either of us) of its termination thirty (30) days in advance of the effective date of termination.

PRINT NAME: _____ SIGN NAME: _____

DATE: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ UNIT # _____

Note that there will be a \$35 charge for any ACH transfer reversals due to insufficient funds in your account at the time of transfer. Transfers will occur between the 5th and 20th of each month.

We must receive your properly completed authorization form NO LATER THAN THE 15TH of the month prior to the effective date of the first transfer (i.e., form must be received by September 15th for the October assessment payment to be automatically withdrawn.)

PLEASE INDICATE THE MONTH YOU WANT YOUR FIRST PAYMENT TO BE MADE

FOR

NEW APPLICATION: _____

BANK ACCOUNT CHANGE TO EXISTING ACH ACCOUNT: _____

Please return to:
EPI Management Company, LLC
14032 South Kostner Avenue, Suite M
Crestwood, IL 60418

TO BE COMPLETED BY EPI

EPI UNIT ID NUMBER: _____ MONTHLY ASSESSMENT: _____

_____ Admin _____ A/R _____ Accounting