

**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS**

I/We, the undersigned unit owner, authorize TDG Management Inc. (d/b/a The Dartmouth Group), as Agent, and the property named below to originate debit entries **on the 5<sup>th</sup> of every month** via the Automated Clearing House (ACH) system to my/our account at the Depository Financial Institution named below for the purpose of paying monthly fees, increases and all budget amendments.

This authorization shall become effective the first month following receipt of this form and shall remain in effect until written notice of modification or termination from the Unit Owner has been received in writing. Notice must be received 10 days prior to the next withdrawal. Please return this form and a voided check via:

Fax: 781-533-7234

Mail: The Dartmouth Group, Attn: AR  
4 Preston Court, Suite 101  
Bedford, MA 01730

**\*\* IN ORDER TO PROTECT YOUR FINANCIAL INFORMATION WE CANNOT ACCEPT THIS FORM AND VOIDED CHECK THROUGH EMAIL. IT MUST BE SENT USING ONE OF THE SECURE OPTIONS ABOVE. \*\***

If my (our) account is unable to be debited due to insufficient funds in my (our) account, a \$25 service charge will be added to the amount owed to the Condominium Association.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name of Condominium

\_\_\_\_\_  
Unit Number / Address

\_\_\_\_\_  
Email Address or Telephone Number  
(We will email or call to notify you of the start date.)

\_\_\_\_\_  
Date

ATTACH VOIDED CHECK HERE