



# Leisure Knoll at Manchester Association

4 Buckingham Drive North, Manchester, NJ 08759

Phone: 732-657-6661 Fax: 732-657-7433

## Direct Debit Authorization Form

Bank Name \_\_\_\_\_

ABA Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Account Type:     \_\_\_ Checking           \_\_\_ Savings

Name on Account \_\_\_\_\_

Additional Name on Account \_\_\_\_\_

**\*\*Please attach voided check to this form\*\***

I hereby authorize Leisure Knoll at Manchester hereafter referred to as Association, as agent for the Association named above to initiate debit entries to my (our) checking/savings account at the depository named above, hereinafter referred to as Depository, to debit the same to such account. This debit only applies to regular Association monthly payments (dues).

This authority is granted in accordance with the terms and conditions of the Associations Preauthorized Electronic Assessment Payment Service Agreement & Disclosure Statement Receipt of which I hereby acknowledge. This authority is to remain in full force and effect until Association has received written notification from me (or either of us) of its termination in such manner as to afford Association a reasonable opportunity to act on it.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_