



42822 Garfield Road, Suite 105
Clinton Township, Michigan 48038
TEL (586) 228-1060 • FAX (586) 228-8346

Property Management - Real Estate - Management Consultants

Association Direct Payment Program

Authorization for Pre-Arranged Withdrawals from Depository Funds Institution

I hereby authorize Stamper and Company to initiate withdrawals from my account at

(Depository Funds Institution Name): _____ for payment of my

(Association Name): _____ assessments beginning

(Month/Year): _____

This authorization will remain valid until Stamper and Company, my financial institution, or I revoke it. If I revoke authorization, written notice must be given to Stamper and Company at least thirty (30) days in advance of the effective date of cancellation.

A withdrawal shall be made on the 5th day of the month, or the next business day, in the amount of my monthly assessment fees per calendar month. These withdrawals may be made electronically and under the rules of the Michigan Automated Clearing House Association.

I can suspend payment of a monthly assessment by notifying Stamper and Company at any time prior to 4:00 p.m. three (3) business days before the payment is scheduled to be deducted from my account. I understand that authorization will terminate upon three (3) continuous months of rejected payments or a total of six (6) rejected payments within twelve (12) month period. Stamper and Company assumes no responsibility for rejected or dishonored payments.

This authorization is subject to change by Stamper and Company upon thirty (30) days' notice. I understand that the Direct Payment Program is an alternative method of payment for my monthly assessments only. The Association Direct Payment Program does not otherwise affect my rights, the rights of Stamper and Company, or the rights of my financial institution with respect to each other. I further understand that Stamper and Company and my financial institution reserve the right to terminate the Association Direct Payment Program.

Depository Funds Institution Information

Bank ABA/Routing & Transit #: _____

Account #: _____

Type of Account: Checking Savings (Other): _____

Co-Owner Information

Name: _____

Address: _____

***PLEASE ATTACH A VOIDED CHECK TO INITIATE FUND TRANSFER*
SEND THIS FORM AND A VOIDED CHECK TO STAMPER AND COMPANY AT THE ADDRESS
ABOVE.**

Authorized Account Holder Signature

Date

Joint Account Holder Signature

Date