



100 W Harrison St.
Suite 530, North Tower
Seattle, WA 98119
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AUTOMATIC PAYMENT AUTHORIZATION FORM

Homeowner Information

Name:
Address: Phone #:
Condominium Association: Unit Number:

THIS FORM MUST BE RECEIVED IN OUR OFFICE ON OR BEFORE THE 25th OF THE MONTH PRIOR TO THE MONTH OF THE INITIAL DRAW. ie: If you wish for your ACH to be initiated on 1/1/10 the form must be received in our office on or before 12/25/09.

Attach Voided Check Here

Attach only a voided check, bank letter or specification sheet. Starter checks without a name or address of the client will not be accepted. Bank Letters and Specification sheets must be presented on bank letterhead and must have the clients name, their address, their bank routing and account number and the type of account (checking or savings).

Deposit tickets are not accepted.

Please return original form with voided check to GFK Management

Date of initial draw:

\_\_\_/\_\_\_5\_\_\_/\_\_\_

Funds are deducted on the 5th or the earliest following banking day

Bank Name: Checking Account Savings Account

Amount of Draw \$ Must be a specific dollar amount

- Monthly (Funds are deducted on the 5th or earliest following banking day)
One-Time Only - Date: (Please allow 2 business days for transaction to clear bank)
Other - How many months? (Will be drawn on the 5th or earliest following banking day)

IF YOU WISH TO CANCEL YOUR MONTHLY AUTHORIZATION, A CANCELLATION FORM MUST BE COMPLETED. ONE-TIME ONLY and OTHER AUTHORIZATIONS WILL AUTOMTICALLY EXPIRE AND NO CANCELLATION FORM IS NEEDED.

I hereby authorize GFK Condominium Management, (hereinafter COMPANY), to withdraw any amount owed by me by initiating debit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to debit my account for entries indicated by COMPANY. In the event that COMPANY withdraws funds erroneously from my account, I authorize COMPANY to credit my account for an amount not to exceed the original amount of the erroneous debit. This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Homeowner Signature: Date:

Please DO NOT write in box below.

Management Use Only: FB QB MT