

UPI

Condominium & Homeowner
Association Management
Since 1979
University Properties, Inc.

Date _____

Association Name _____

Owners name _____

UNIT ID Number _____ Association ID # _____

I (we) hereby authorize Association name _____, hereinafter called HOA, to initiate debit entries to my (our) Checking Account / Savings Account (circle one) indicated below with the depository financial institution named, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the originator of ACH transactions to my (our account) must comply with the provisions of U.S. law. Debit is usually taken the 5th business day of each month.

Depository Name _____ Branch _____

City _____ State _____ zip _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manners as to afford HOA and DEPOSITORY a reasonable opportunity to act on it.

Date _____

Signature _____

TAX ID NUMBER

Instructions:

1. Tax ID number will be filled in by University Properties, Inc.
2. Please print all information.
3. Be sure to sign form at bottom with date above.
4. Along with form please provide a voided check. (if possible)
5. Send form by email to sbailey@univprop.com or jshaw@univprop.com or by regular mail