Lockwood
c/o Crofton Perdue Associates, Inc.

Direct Debit Agreement Form needs to be submitted no later than the 20th of the month prior to the desired month of debit (IE: Direct Debit/ACH in April, the form must be submitted by March 20th)

Authorization Agreement

I hereby authorize Crofton Perdue Associates, Inc. to initiate debit entries to the undersigned account at the financial institution named below.

Crofton Perdue Associates, Inc., association management, has the authorization to make electronic transactions from originating financial institutions to receiving financial institution for routing numbers, account numbers, codes, or transaction amounts. This agreement will remain in effect until Crofton Perdue Associates, Inc. receives a written notice of cancellation from the undersigned, in such a manner as to afford Crofton Perdue Associates, Inc. and depository a reasonable opportunity on which to act.

This debit entry will be made between the 4th and the 6th of each month commencing with:

Month: _____ Year: _____

Homeowner Information

Homeowner Name: _____

Address/Unit at Association: _____

Telephone Number: _____

E-mail Address: _____

Account Information

☐ Checking | ☐ Savings ☐ New Sign Up? | ☐ Update

Please attach a voided check or direct debit authorization form from your bank and return to:

Crofton Perdue Associates, Inc.
111 Marsh Road, Suite 1
Pittsford, NY 14534

If the required documentation is not attached, this form will be returned and not processed.

Phone: 585.248.3840 | Fax: 585.248.3666 | Email: info@croftoninc.com

Signature

Authorized Signature: _____ Date: _____

For Office Use Only

Receive Date: _____ Start Date: _____ Unit: _____

Set Up Date: _____ Start Amount: _____ Stop Date: _____

For Office Use Only

Receive Date: _____ Start Date: _____ Unit: _____

Set Up Date: _____ Start Amount: _____ Stop Date: _____