

# EZ AUTO PAY - ACH SIGN-UP FORM

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT OF MONTHLY ASSOCIATION ASSESSMENTS

I (we) hereby authorize Mperial Asset Management, LLC to initiate debit entries to my (our) checking/savings account in the amount of my (our) monthly assessment.

I (we) understand that my (our) checking account will be debited on the 1<sup>st</sup> of each month, or the first business day thereafter in the amount of the monthly assessment for my (our) unit.

This authority will remain in effect from the date below until I/(we) notify Mperial Asset Management, LLC in writing to cancel it in such time and manner as to allow reasonable opportunity to act on it. I may stop payment of any entry by notifying Mperial Asset Management, LLC and my financial institution at least three (3) business days before my account is charged. I understand that if an item is returned I will be responsible for any associated fees.

\_\_\_\_\_  
Name of Financial Institution/ Bank Name

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Name(s) on Your Bank Account

\_\_\_\_\_  
9-Digit Routing Number

\_\_\_\_\_  
Bank Account Number

**A VOIDED CHECK FROM YOUR CHECKING ACCOUNT LISTED ABOVE MUST BE ATTACHED TO THIS APPLICATION. (Please Attach below)**

\_\_\_\_\_  
Unit Address & Number

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_/ **01** /\_\_\_\_\_  
Auto-Pay Start Date

\_\_\_\_\_  
Association Name (To be credited)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Your Phone Number

\_\_\_\_\_  
Your Email Address for Enrollment Confirmation

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**ATTACH YOUR VOIDED CHECK HERE**

**& RETURN THIS FORM VIA ONE OF THE METHODS BELOW:**

1. Mail to our office at 110 N. Brockway Street – Suite 320 – Palatine, IL 60067
2. Scan and Email this form with your check attached at the bottom to [MperialAssetManagementLLC@gmail.com](mailto:MperialAssetManagementLLC@gmail.com)
3. Fax this form with your check attached at the bottom to 847.757.7171