



# Magnolia Management Group, Inc.

For the purpose of effecting my quarterly dues payment to the \_\_\_\_\_, hereinafter called the Association, I (we) hereby authorize the Association to initiate debit entries or such adjusting entries either debit or credit which are necessary for corrections, to my (our): **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_ account indicated below and the Financial Institution named below to credit (or debit) the same to such account. The amount to be debited will be equal to the Association approved dues/assessment for the unit address listed below. The debit will begin within thirty days of receipt of this authorization by the Association. Debiting of the account will occur on the 5<sup>th</sup> of each month unless that day falls on a weekend or holiday, in which case the account will be debited the next business day.

**▶▶▶ PLEASE ATTACH A VOIDED CHECK AND COMPLETE THE FOLLOWING ◀◀◀**

**Financial Institution Name** **City** **State**

**Transit/routing number** **Account Number**

I (we) understand that this authorization will remain in full force and effect until the Association has received WRITTEN notification from me (or either of us) of its termination in such time and manner as to afford the Association and the Financial Institution named above a reasonable opportunity to act on it. I (we) also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my (our) account.

I (we) have the right to stop payment of a debit entry by notifying my (our) Financial Institution before the account is charged. If an erroneous debit entry is charged against this account, I (we) have the right to have the amount of the entry credited to the account by my (our) Financial Institution. I (we) agree to give my (our) Financial Institution written notice identifying the entry, stating that it is in error, and requesting credit back to my (our) account. I (we) will provide this written notice within 15 calendar days following the date on which a statement of my (our) account was sent or a written notice of such entry, or 45 days after posting, whichever occurs first.

**Name (please print)**

**Address and Unit Number** **City** **State** **Zip**

**Alternate Mailing Address** **City** **State** **Zip**

**Signature** **Date**

**Signature** **Date**



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### **Magnolia Management Group**

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*Your Community – Our Community*