

# GREYSTONE

MANAGEMENT COMPANY

Dear Homeowner:

Greystone Management Company offers Auto Debit for our clients' convenience. This will allow you to pay your homeowners assessments automatically each month or quarter. When you enroll in the Auto Debit program, we will send an electronic draft to your bank between the 5<sup>th</sup> and 10<sup>th</sup> of each month. There is no charge to you for this service. The electronic draft will only collect the current monthly or quarterly assessment. If you have a past due balance on your account you will be required to mail a payment for those fees.

To sign up for Auto Debit, complete and sign the authorization form.

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I (we) hereby authorize Greystone Management Company, Inc. to initiate debit entries to my (our) banking account indicated below and the depository (bank) named below. This authorization is for homeowner assessments and special assessments (if any) of any kind and will be drafted from your account.

Your Bank's Name \_\_\_\_\_ Checking or Savings

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Starting Month \_\_\_\_\_ Application must be received in our office by the 15<sup>th</sup> of the month for debit to begin the following month.

This authority is to remain in full force until Greystone Management Company, Inc. has received written notification from the homeowner of its termination at least two weeks prior to the day the account is to be debited.

Name(s) \_\_\_\_\_  
(Please print name(s) as shown on account)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF THE ROUTING AND ACCOUNT NUMBER**

Association Name \_\_\_\_\_  
(This is your subdivision or condominium name)

Property Address \_\_\_\_\_  
(The address you wish the payment to be applied)

Phone Numbers(H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_

**Please fax or mail this form. DO NOT SCAN-YOUR BANK INFO COULD BE COMPROMISED**