

# EFT Authorization Form

To enroll in the automatic electronic funds transfer (EFT) deduction of your monthly **Woodlore Condominium Owners Association** fee from your bank account, please complete the form below.

## Customer Authorization Agreement for Pre-Authorized Payments

I (we) hereby authorize the **Woodlore Condominium Owners Association, Inc.** to initiate debit entries to my (our) bank account indicated below and the depository (bank) named below to debit the same such account. The amount of the deduction shall be the amount of the Woodlore Condominium Owners Association monthly fee.

### Depository Information (Bank)

Customer Name: \_\_\_\_\_

Address of Your Condo \_\_\_\_\_

Customer Ph: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Bank : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing # (9 digits): \_\_\_\_\_ Bank Acct #: \_\_\_\_\_

Amount of your current monthly deduction fee \$ \_\_\_\_\_

### Terms and Conditions

The Woodlore Condominium Owners Association's authority to transfer funds from your account will not cease until the Woodlore Condominium Owners Association, Inc. receives written notice from you revoking this authorization agreement.

**I (WE) hereby accept and agree to the terms and conditions noted above.**

Name(s): \_\_\_\_\_ SS#(1): \_\_\_\_\_

\_\_\_\_\_ SS#(2): \_\_\_\_\_

X \_\_\_\_\_

Authorized Signature                      Date

X \_\_\_\_\_

Authorized Signature                      Date

Please attach a VOIDED check with this application.

Please send this completed form to:

Woodlore Condominium Association  
C/O KC Property Services      3514 Lexington Dr      Waterford MI 48328

Or FAX this form to: (248) 673 - 4486