AUTHORIZATION AGREEMENT for AUTOMATIC PAYMENTS (DEBITS)

to

MORRIS MANAGEMENT, INC., AAMC
325 – 118ᵗʰ Avenue SE, Suite 204 • Bellevue, WA 98005-3521
OFC (425) 283-5858 • FAX (425) 283-5859 ▪ Info@MorrisManagement.com
by

OWNER NAME(S): _____

COMMUNITY ASSOCIATION: _____

ADDRESS (please complete a separate form for each Unit / Lot): _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____ DESIRED START MONTH: _____

I (we) hereby authorize Morris Management, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) account identified below and the depository named below, hereinafter called DEPOSITORY, to debit the same to said account.

DEPOSITORY NAME (Bank): _____ BRANCH: _____

CITY, STATE, ZIP: _____

ACCOUNT TYPE: _____SAVINGS _____CHECKING _____OTHER

ACCOUNT NUMBER: _____ ROUTING NUMBER: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at least three business days prior to my (our) next payment. In case of erroneous debit, provided I (we) supply notice to DEPOSITORY within 60 days of receiving my (our) account statement, the DEPOSITORY must investigate and resolve the error within 45 days, but if it has not done so within 10 days, my (our) account will be recredited for the amount in question while it finishes the investigation.

PRIMARY SIGNER: SECONDARY SIGNER:

_____   _____
(signature)   *(signature)*

_____   _____
(print name)   *(print name)*

_____   _____
(date)   *(date)*

NOTE: PLEASE ATTACH A VOIDED CHECK (A DEPOSIT SLIP WILL NOT WORK).