

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 1st 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/ YOUR Bank Name

Bank Address City State Zip Code

Name(s) on Your Account

YOUR Bank Account Number 8-Digit Routing Number

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

Unit Street Address – Please Print

Homeowner Signature Homeowner Name – Please Print Date

Homeowner Signature Homeowner Name – Please Print Date

***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***
- 3. Fax this form with your check attached at the bottom to 847.757.7171***