

EREM Inc. Authorization Agreement for Automatic Bank Draft

Please complete the entire form and attach a voided check. The office MUST receive the completed bank draft form at least 7 days before the end of previous month to initiate bank draft. All forms received after this date will be set up for the following month.

Name: _____

Property Name: _____ Unit # _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

*Monthly amount to be drafted: \$ _____

* Collected in accordance with the association fee schedule.

Bank/Depository Name _____ City _____ State _____

Bank Account # _____ Routing # _____

Check One: () checking or () savings account

It is my duty to notify EREM Inc. 7 days before the end of the previous month of any changes in writing to my bank/depository account in order for the changes to be effective the following month.

I attest I am an authorized owner of the depository account listed above and am exercising my powers as such. I (we) hereby authorize EREM Inc. to (a) initiate credit and/or debit entries, (b) initiate any and all necessary reversing entries and/or adjustments for any errors made to my (our) checking/savings account and (c) **update the amount drafted for changes in association dues and/or assessments. This authority is to remain in full force and effect until EREM Inc. has received written notification of its termination, giving EREM Inc. at least 7 days notice to terminate;** or until EREM Inc. or my bank/depository has sent me 7 days written notice that they will end this agreement.

I understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, or my monthly payment rejects due to account closed status or any other changes, a \$40 fee will be assessed in addition to any other applicable charges assessed by the homeowner's association.

This is a request for (please select one): () initial set-up of automatic bank draft
() change in account information

Signed: _____ Date: _____

Signed: _____ Date: _____

FOR OFFICE USE:	
Date received: _____	Information Verified by: _____
Account # _____	Start date: _____

EREM Inc., 3313 Memorial Parkway SW Ste 127, Huntsville, AL 35801
Office: (256) 880-1000, Fax: (800) 968-8067