



**Authorization Agreement**  
FOR PRE-ARRANGED PAYMENTS

I (we) hereby authorize COUNTRY HILL ESTATES CONDOMINIUM ASSOCIATION, hereinafter called COMPANY to initiate debit entries to my (our)

CHECKING (If you select the **CHECKING** option, attach a **VOIDED CHECK** for account verification purposes.)

SAVINGS (If you select the **SAVINGS** option, attach a **COPY OF YOUR SAVINGS ACCOUNT CARD** for account verification purposes.)

account at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account on the fifth (5th) day of each month.

DEPOSITORY (Bank)		
NAME	BRANCH	
CITY	STATE	ZIP
ROUTING NUMBER (9 Digits)	ACCOUNT NUMBER	

This authorization shall remain in full force and effective until the COMPANY and the DEPOSITORY have received advanced written notice, by the 15<sup>th</sup> of the month preceding the next debit, from me (or either of us) of its termination. Failure to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on termination requests will result in a \$25 fee to process a reimbursement which may be automatically debited.

Additionally, a fee of \$25, (or the amount allowable by law), shall be charged for all debits returned for NSF (Non-sufficient Funds) which shall be automatically debited for each NSF incident. A second NSF offence shall also result in termination from the program.

UNIT INFORMATION		
UNIT STREET ADDRESS	PHONE	DATE
ACCOUNT HOLDER (Please Print)	ADDITIONAL ACCOUNT HOLDER (If Required)	

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Authorized Signature (If Required)*

**PLEASE ATTACH A VOIDED CHECK OR A COPY OF YOUR SAVINGS ACCOUNT CARD FOR ACCOUNT VERIFICATION PURPOSES.**

Please mail executed form and attachment to:

Resolution Property Management, LLC  
7 Bernards Road  
Merrimack NH 03054-2782