

APPLEY VALLEY CONDOMINIUM ASSOCIATION

84 Richardson Avenue, Norton, MA 02766 - (800) 656-7355

Authorization Agreement For Direct Payments (AUTO DEBIT)

I (we) hereby authorize the **Apple Valley Condominium Association** to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, hereafter call Depository, and to debit the same to such account. This authorization is in place for the amount listed below and all future common area fee changes. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. This authorization is to remain in effect until the Apple Valley Condominium Association has received written communication from me (or either of us of its termination in such time and in such manner as to afford the Apple Valley Condominium Association and Depository a reasonable time to act on it.

OWNER NAME: _____

OWNER NAME (2): _____

MAILING ADDRESS: _____

UNIT ADDRESS: _____

ASSOCIATION FEE: \$ _____

BANK NAME: _____ Branch _____

City: _____ State _____ Zip _____

ROUTING #: _____

ACCOUNT #: _____

Date _____

Signature _____

Please return completed form and a copy of a blank or voided check to:

Apple Valley Condominium Association
c/o Lorell Management Corp.
84 Richardson Avenue
Norton, MA 02766

Thank you.