

ELECTRONIC FUNDS TRANSFER

EM LLC is pleased to offer you an **Automated Payment Plan** so that you may have your association assessments paid automatically from your checking account.

It's easy, convenient, and requires no change in your current banking relationships.

*Please print in blue or black ink.
Return this form to EM LLC
along with a voided check.
Forms received without a voided
check will be returned.*

How does the Automatic Payment Plan work?

By filling out this form, you will be authorizing regularly scheduled association fee payments to be made from your checking account. Your payment will be made automatically on the first (1st) day of each month (or the 1st day of the first month of the quarter for quarterly payments), or the following business day when the first (1st) falls on a weekend or holiday. Each payment deducted will appear as a debit on your monthly bank statement.

The authority you give to charge your account will remain in effect until you

notify us in writing to terminate the authorization.

Authorizations received by **EM LLC** by the 20th of the month will be activated for the following month's electronic fee transfer. Authorizations received by **EM LLC** after the 20th of each month will be activated the second month (i.e., received after January 20 will be activated in March).

If you have any questions, please contact us as noted below:

**Emiroglu Management Services
LLC 673 Potomac Station Drive NE
Suite 618
Leesburg, Virginia 20176
Phone: (703)737-0072
Fax: (703)793-0801**

AGREEMENT FOR AUTOMATIC PAYMENTS AND CREDITS. I hereby authorize Emiroglu Management Services LLC to begin electronic debit entries from my checking account listed below for association fees and I authorize my financial institution to debit the same to my account.

Please note that there is a \$35.00 charge to your account if your payment is rejected for any reason, i.e., NSF, closed account, etc.

Account Number _____
(Leave Blank – Office Use Only)

HOMEOWNER INFORMATION

Association Name _____
Account number _____
Name: _____
Property Address _____

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution _____
Name of Account Holder _____

[: _____]: _____
Transit/ABA Number _____ Bank Account # _____
(9 digit # between the two colons on the bottom of your check)

DATE WITHDRAWALS TO BEGIN: _____
 THIS IS A CHANGE OF BANKING ACCOUNT INFORMATION ONLY

ADDITIONAL INFORMATION

Terms of Agreement: I hereby acknowledge that I have an account(s) at the financial institution named above and I have sufficient funds available to pay for all debit entries that will be posted to my account. Automated debit entries shall be initiated by EM LLC on the first (1st) day of each month (or first month of the quarter) or first business day after the first (1st) and the entries on my bank statement shall constitute my receipt for the transaction. No payment to My ASSOCIATION shall be deemed to have been made unless and until MY ASSOCIATION receives actual credit. **I also understand that if the funds in my account are not sufficient to cover the amount debited, I will be charged a \$35.00 service fee which will be debited along with the next regularly scheduled association payment if I'm allowed to stay in this program.**

The automatic debiting of my bank account is voluntary and will be debited on a monthly/ quarterly basis until written notice of cancellation is received by EM LLC. EM LLC reserves the right to refuse or terminate automated payments services. This agreement is to remain in effect until EM LLC receives written notification of its termination and has sufficient time to act on it.

Signature: _____ Date: _____
