The Ferrara Management Group, Inc., AMO ®

50 Plainfield Avenue, Bedford Hills, NY 10507 914-888-2099 | www.Ferraramgmt.com



ACH Enrollment/Change Form

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DIRECT DEBIT PAYMENTS

Management Group, Inc. OWNER NAME:	The Ferrara Management Group, I	COMPANY NAME:
PROPERTY ADDRESS:		FMG ACCOUNT #:
EMAIL:		PRIMARY PHONE:
ALTERNATE EMAIL:		ALTERNATE PHONE:
our automatic payment program will allow your monthly dues to be pulled from your matically on the 5 th business day of the month, ensuring you will not be charged a late fee.		
ns are required to be surrendered by the 25th of the month in order for it to go into effect for u wish to withdraw from the program, a written cancellation requests must be submitted (ACH request).	· ·	the following mo
nvoice, which will be for informational purposes only so you will know what will be deducted a check.	eive a monthly invoice, which will be unt. Do not send a check.	
Complete to enroll/add/change bank accounts – Please print clearly:		
	NAME:	ACCOUNTHOLDERS N
TYPE OF ACCOUNT:		FINANCIAL INSTITU /BANK N
	NSIT #:	ROUTING TRAN
	UNT #:	BANK ACCOU
ctronically debit or credit entries from the specified account indicated above from the depository financial counts allow these transactions. Furthermore, I certify that the above listed account number accurately reflects	I certify that my accounts allow these transc	
nsactions I authorize comply with all applicable laws and acknowledge that the origination of ACH transactions the provisions of U.S. law.	debit payment transactions I authorize com must comply with the provisions of U.S. law	
im agreeing that I am either the accountholder or have the authority of the accountholder to authorize direct d account. This authorization is to remain in effect until FMG has received written notification from me/us of its manner as to afford FMG and myself a reasonable opportunity to act on it.	om the above named account. This authoriza	debit payments fron
		START MONTH: _
SIGNATURE DATE		NAME

^{**}A copy of a "voided" check is NOT required.



^{**}Retain a copy of this form for your records. Return the original to The Ferrara Management Group, Inc. at 50 Plainfield Avenue, Bedford Hills, NY 10507, by faxing to 914-377-5411 to the attention of Accounts Receivable or by emailing Accountsreceivable@ferraramgmt.com.