

**PROPERTY MANAGEMENT OF ANDOVER, INC.**  
**P.O. BOX 488, ANDOVER, MA 01810**  
**Telephone: (978) 683-4101 Facsimile: (978) 686-4664**

**AUTHORIZATION AGREEMENT**  
**DIRECT PAYMENTS (ACH DEBITS)**

**Indian Ridge Condominium Association**

I (we) hereby authorize **Indian Ridge Condominium Association**, hereinafter called **CONDOMINIUM**, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**.

\_\_\_\_\_  
(Homeowner's Bank Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Account: \_\_\_ Checking \_\_\_ Savings  
(Numbers printed at bottom of your check)

The authority is to remain in full force and effect until **CONDOMINIUM** has received written notification from me (or either of us) of its termination in such time and manner as to afford Property Management of Andover and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Print Individual Unit Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**\*\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM! \*\*\***

**Please complete this form and return via mail or fax to the address/fax # noted above.**

