

_____ (print property name)
Electronic Payment Agreement

Name _____ Unit(s) _____ Date _____

I authorize Thayer & Associates in its capacity as Managing Agent for the _____ (print property name) to electronically deduct from the checking account described below for condominium fees that are assessed to my unit on a monthly basis.

I certify that I am an authorized signer of the checking account listed below and **have enclosed with this agreement a voided check from the account.**

Thayer & Associates is authorized and instructed to make an electronic transfer on the fifth day of each month for the payment of monthly fees and apply said payment to the account for the condominium unit indicated above. Upon receipt of this agreement, Thayer & Associates will send me written confirmation of the starting month for which electronic payments will begin.

I understand that I will be responsible for any payments for fees due until such time that the electronic payments begin.

I understand that I will be responsible for any bank charges if an electronic payment is not processed by my bank due to insufficient funds.

I understand that I will be responsible for payments of all other fees assessed to my unit not covered by this agreement, late fees, interest, and other charges not billed on a regular monthly basis.

Print Name

Signature

Bank Routing #

Checking Account #

Telephone (Day)

Telephone (Evening)