



THE MANAGEMENT TRUST

Direct Debit Authorization

STEP #1: SELECT TYPE New Authorization Renewal

STEP #2: WRITE IN START DATE (MM/YY): _____

COMPLETED FORM MUST BE RECEIVED NO LATER THAN THE 25TH OF THE MONTH FOR TRANSACTIONS TO BE EFFECTIVE FOR THE NEXT MONTH'S WITHDRAWAL! IF YOU HAVE ANY QUESTIONS REGARDING START DATES, PLEASE CONTACT ACCOUNTING AT 425/897-3400!

STEP #3: FILL IN INFORMATION

HOA/Condo Name:	HOA/Condo Account #:	
Owner Name 1:		
Owner Name 2:		
Home/Condo Address:		
City:	State:	Zip:
Email Address:		
Home Phone:	Work Phone:	

NOTE: DEBITS WILL BE DONE ON OR ABOUT THE TENTH (10TH) DAY OF THE MONTH THE DIRECT DEBIT PROGRAM ONLY COVERS RECURRING CHARGES SUCH AS DUES (NOT VARIABLE CHARGES BASED ON USAGE, OR ONE-TIME CHARGES, [IE, FINES, LATE FEES, ETC]).

STEP #4: BANK ACCOUNT INFORMATION (Type or Print Clearly)

Bank Name:	
Bank Account Number:	Bank Routing Number:

I (We) certify that the above bank information is accurate and understand any bank fees associated with erroneous information will be charged to my (our) homeowner account with The Management Trust.

I (We) hereby authorize the designated signers of The Management Trust as managing agent for the owners association shown above ("Association") to initiate, change, or cancel debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated and the depository named ("Depository") to debit and or credit the same to such account. **This authority is to remain in full force until the Association has received written notification from me (or either of us) of its termination no less than ten (10) days from billing date.**

STEP #5: OWNER SIGNATURE/S

_____ Owner #1 Signature	_____ Owner Name (Please Print)	_____ Date
_____ Owner #2 Signature	_____ Owner Name (Please Print)	_____ Date

STEP #6: MAIL or EMAIL YOUR COMPLETED FORM TO:

THE MANAGEMENT TRUST
11211 SLATER AVE NE, STE 150 OR ARTMT1@managementtrust.com
KIRKLAND, WA 98033