

THE GALMAN GROUP

<input type="checkbox"/> EFFECTIVE DATE _____
<input type="checkbox"/> NEW
<input type="checkbox"/> UPDATE/CHANGE
<input type="checkbox"/> DELETE

Dear Galman Group Property Management Company,

I hereby authorize the Galman Group as managing agent for Westover Crossing HOA to withdraw from my account my monthly association fee plus any additional charges including electric and/or gas (if applicable), fines, prior period late charges, legal fees, etc. I understand this withdrawal will be done on the fourth of each month. I also understand the withdrawal is an ACH transaction and will show up automatically each month as a debit on my bank statement. I have also enclosed a voided check from my bank account.

My bank's name is: _____

My bank's ABA number is: _____

My account number is: _____

In the event that the Galman Group deposits funds or withdrawals funds erroneously to/from my account, I authorize the Galman Group to debit or credit my account for an amount not to exceed the original erroneous debit or credit.

This authorization is to remain in full force and effect until the Galman Group has received written notice from me for the termination of the above services with a reasonable opportunity to act on it.

Name (Print)

Westover Crossing
Community

Signature

Unit Address

Date

Email Address: _____

Home Phone #: _____

Work Phone #: _____

Return to: The Galman Group, P.O. Box 646, Jenkintown, PA 19046, PH:215-886-2000 FAX:215-886-4972