

Windsor Square Direct Debit Authorization Form c/o Crofton Perdue Associates, Inc.

Authorization Agreement

I hereby authorize Crofton Perdue Associates, Inc. to initiate monthly debit entries to the undersigned savings or checking account at the financial institution named below.

Crofton Perdue Associates, Inc., association management, has the authorization to make electronic transactions from originating financial institutions to receiving financial institutions for routing numbers, account numbers, codes, or transaction amounts. This agreement will remain in effect until Crofton Perdue Associates, Inc. receives a written notice of cancellation or new form from the undersigned, no later than the 20th of the month prior to the desired month of change (ex: to change bank accounts for April, the new form must be submitted by March 20th).

This debit entry will be made between the 4th and the 6th of each month commencing with:

Month: _____ Year: _____

Homeowner Information

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Account Information

Checking | Savings New Sign Up? | Change Bank Account?

Please attach a voided check or direct debit authorization form from your bank and return to:

Crofton Perdue Associates, Inc.

111 Marsh Road, Suite 1

Pittsford, NY 14534

If the required documentation is not attached, this form will be returned and not processed.

Phone: 585.248.3840 | Scan/Email: info@croftoninc.com

Signature

Authorized Signature: _____ Date: _____

For Accounting Use Only

Receive Date: _____ Start Date: _____ Unit: _____

Set Up Date: _____ Start Amount: _____ Stop Date: _____