

**Union Hill 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 20<sup>th</sup> 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 20<sup>th</sup>).

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

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Homeowner Information**

Name: \_\_\_\_\_

**Address at Union Hill:** \_\_\_\_\_

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 | Fax: 585.248.3666 | Email: info@croftoninc.com

**Signature**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Accounting Use Only**

Receive Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Unit: \_\_\_\_\_

Set Up Date: \_\_\_\_\_ Start Amount: \_\_\_\_\_ Stop Date: \_\_\_\_\_