

PHOENIX RISING MANAGEMENT, LLC

VETERAN OWNED AND OPERATED

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

ACH is a great option to keep your payments up-to-date! If you would like to designate an account, we can ensure that your monthly assessment is directly debited on the 5th of each month, helping to avoid your account from going into arrears. This debit is specifically for **monthly dues** – *it will not exceed that amount unless requested separately in writing. Please initial the line below if you would like to provide a one-time authorization to include your monthly total statement balance.*

I (we) _____ hereby authorize Phoenix Rising Management, LLC. (“Phoenix Rising”) to instruct my financial institution to make my monthly bill payments on the dates due from the account listed below. The authority remains in effect until Phoenix Rising has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Phoenix Rising has sent me written notice of termination of this agreement.

_____ Per my initials, I agree to have all charges on my monthly statements deducted with my ACH payments. This includes, but is not limited to, special assessments, property tax appeals, manager-requested chargebacks (keys, pets, repairs, etc.).

The first withdrawal will take place during the next ACH cycle unless stated otherwise in writing.

FORMS MUST BE RECEIVED BY THE 20TH OF THE MONTH TO BE EFFECTIVE FOR THE NEXT PAYMENT CYCLE. ALL SPECIAL ACH REQUESTS AFTER THE 20TH OF EACH MONTH WILL BE BILLED AT 3% THE DEBIT BALANCE TO INCLUDE ANY ACH NOT TAKING PLACE ON THE 5TH.

Signature: _____ **Date:** _____

Contact Information:

Association Name: _____ Unit Number: _____

Name: _____

Daytime Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Required Financial Institution Information

Name of Institution _____

Account Type (circle one): Checking Savings

Transit Routing Number: _____ Account Number: _____

YOU MUST INCLUDE A VOIDED CHECK WHEN RETURNING THIS FORM

You may fax, email (AS@prmchicago.com), or mail this form to the address listed below. Once we receive the completed form with a voided check or copy of a voided check, we will send you an email confirmation with the date the first transaction will occur. Please feel free to contact us with any questions at AS@prmchicago.com