

THE GALMAN GROUP AUTOMATIC DEBIT FORM

- EFFECTIVE DATE _____
- NEW
- UPDATE/CHANGE
- DELETE

Dear Galman Group Property Management Company,

I hereby authorize the Galman Group as managing agent for _____ to withdraw from my account my monthly fee plus any additional charges including special assessments (if applicable). 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)

Community

Signature

Unit #

Date

Email Address: _____

Home Phone #: _____

Work Phone #: _____