THE GALMAN GROUP	□ EFFECTIVE DATE
	□ NEW
	□ UPDATE/CHANGE
	□ DELETE
Dear Galman Group Property Management Company	y,
I hereby authorize the Galman Group as managing ag to withdraw from my account my monthly association electric and/or gas (if applicable), fines, prior period la withdrawal will be done on the fourth of each month. transaction and will show up automatically each mont also enclosed a voided check from my bank account.	fee plus any additional charges including ate charges, legal fees, etc. I understand this I also understand the withdrawal is an ACH has a debit on my bank statement. I have
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 account, I authorize the Galman Group to debit or cretthe original erroneous debit or credit.	· · · · · · · · · · · · · · · · · · ·
This authorization is to remain in full force and effect notice from me for the termination of the above service	
Name (Print)	Montgomery Walk Condominium Community
Signature	Unit #
Date	
Email Address:	

Return to: The Galman Group, P.O. Box 646, Jenkintown, PA 19046, PH:215-886-2000 FAX:215-572-7061

Home Phone #: _____

Work Phone #: ______