Ghertner & Company Authorization Agreement for Automatic Bank Draft

<u>Please complete the entire form and attach a voided check.</u> You must allow three weeks for processing. Return this form to our office by the 15th of the month to begin bank draft the following month. You will receive a postcard confirming our receipt of your request and the effective date of the first bank draft.

Name:		
Property Name:	Unit #	
Mailing Address: Street		
City	State	Zip
Daytime Phone:	Evening Phone:	
*Monthly/Quarterly/Semi-Annual amount * Collected in accordance with the association		nthly, we must draft monthly.
Bank/Depository Name	City	State
Bank Account #	Routing #	
Check One: () checking or () savings	account	
adjustments for any errors made to my (our association dues and/or assessments. Treceived written notification of its termin Ghertner & Company or my bank/depositors. I understand that in the event my account h	c) checking/savings account and (c) updays this authority is to remain in full force nation, giving Ghertner & Company at y has sent me 10 days written notice that as insufficient funds to cover the monthly us or any other changes, a \$35 fee will be ociation.	and effect until Ghertner & Company has least 15 days notice to terminate; or until at they will end this agreement. They payment amount drafted, or my monthly be assessed in addition to any other applicable of automatic bank draft
	() change in acco	ount information
Signed:	Date):
Signed:	Date	c
FOR OFFICE USE: Date received:	Information Verified by:	_
Account #	Start date:	

Return To: Ghertner & Company, 50 Vantage Way, Suite 100, Nashville, TN 37228

Direct line: (615) 277-0359 Office: (615) 255-8531, Fax: (615) 259-4540