

**Direct Payment Enrollment Form
ACH Debit Authorization**

(Please verify that your Association participates in the Auto-Debit Program)

Complete the contact information requested below (please print):

Association: _____

Name: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____

Email Address: _____

(Email confirmation will be sent with ACH start date)

Signature Confirmation:

I authorize MeadowManagement Inc., Agent, to deduct my payment from the checking or savings account listed below. I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify MeadowManagement Inc. in writing. I also understand that all information provided will remain confidential.

PLEASE SIGN – THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature: _____ Date: _____

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE.

Name of Financial Institution: _____

ABA/Routing Number: _____

Checking Account #: _____

OR

Savings Account #: _____

(Please attach a voided check OR a *savings deposit slip*)

This form must be received by the 25th of the month to activate automatic debit for the following month. An email confirmation will be sent verifying account setup and advise the ACH start date.

Please return this form (with a voided check) to:

MeadowManagement, Inc., Agent,
27780 Novi Rd., Suite 110, Novi, MI 48377

Telephone: 248-348-5400 Fax: 248-348-5960 Email: mmi@meadowmgmt.com