

# The Ferrara Management Group, Inc., AMO®

80 Business Park Dr., Suite 307  
Armonk, NY 10504  
914-888-2099  
www.Ferraramgmtgroup.com



## ACH Enrollment/Change Form

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DIRECT DEBIT PAYMENTS

COMPANY NAME: The Ferrara Management Group, Inc. OWNER NAME: \_\_\_\_\_

FMG ACCOUNT #: \_\_\_\_\_ PROPERTY ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_ ALTERNATE EMAIL: \_\_\_\_\_

The ACH enrollment form for our automatic payment program will allow your monthly dues to be pulled from your checking/savings account **automatically on the 5<sup>th</sup> business day of the month**, ensuring you will not be charged a late fee.

All ACH enrollment/change forms are required to be surrendered by the 25th of the month in order for it to go into effect for the following month. Should you wish to withdraw from the program, a written cancellation requests must be submitted (ACH can only be cancelled by written request).

You will still receive a monthly invoice, which will be for informational purposes only so you will know what will be deducted from your account. **Do not send a check.**

**Complete to enroll/add/change bank accounts – *Please print clearly:***

ACCOUNTHOLDERS NAME: \_\_\_\_\_

FINANCIAL INSTITUTION /BANK NAME: \_\_\_\_\_ TYPE OF ACCOUNT:  Checking  Savings

ROUTING TRANSIT #:

BANK ACCOUNT #:

*I/We authorize FMG/Union Bank to electronically debit or credit entries from the specified account indicated above from the depository financial institution named. I certify that my accounts allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended depositing account.*

*I agree that direct debit payment transactions I authorize comply with all applicable laws and acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.*

*My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize direct debit payments from the above named account. This authorization is to remain in effect until FMG has received written notification from me/us of its termination in such time and in such manner as to afford FMG and myself a reasonable opportunity to act on it.*

START MONTH: \_\_\_\_\_

\_\_\_\_\_  
NAME SIGNATURE DATE

\*\*Retain a copy of this form for your records. Return the original to The Ferrara Management Group, Inc. at 80 Business Park Drive Suite 307, Armonk NY 10504 or by faxing to 914-377-5411 to the attention of Accounts Receivable.  
\*\*A copy of a "voided" check is NOT required.

