## Real Estate Unlimited **AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL**

OWNER INFORMATION:	
Owner Name:	Rental Address:
Mailing Address:	
City: State:	Zip:
FINANCIAL INSTITUTION INFORMATION:	
Financial Institution Name:	
Address of Institution:	Telephone #:
Routing #:	Account #:
Withdrawal Amount \$ (Current Dues Amount*) _\$135.00_	☐ Checking Account ☐ Savings Account
(Please attach voided check) *Any ratified budget approved increase in Dues will be reflected in amount withdrawn.	
AUTHORIZATION	
necessary, credit entries or adjustments for any withdrawal made in error	payment from the account listed above no earlier than the 10 <sup>th</sup> of the month and if to their account. This Authority is to remain in full force and effect until written notice reasonable time to act on it. I am also aware there is a \$2.00 per transaction service fee ayment each month.
Signature:	Date:
Printed Name:	Title: