

Foreside Real Estate Management

AUTO PAY DRAFT AUTHORIZATION FORM

PLEASE TAPE A VOIDED CHECK OR COPY OF SAME IN THE SPACE BELOW

PLEASE ATTACH A VOIDED CHECK HERE

RETURN THIS FORM TO:

**Foreside Management
PO Box 957
Portland, ME 04104**

BANK INFORMATION

Account for Direct Withdrawal:

NAME OF BANK: _____ ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

TYPE OF ACCOUNT: *Please circle one* CHECKING SAVINGS

Starting Date for Direct Withdrawal: _____

PERSONAL INFORMATION

NAME (Please Print): _____

PROPERTY NAME & UNIT NUMBER: _____

DAYTIME PHONE: _____

SIGNATURE: _____ DATE: _____

I hereby authorize Foreside Real Estate Management to initiate a debit entry to my checking/savings account at the Financial Institution indicated above, and initiate adjustments, if necessary, for any transactions debited in error. This authority will remain in effect until *Foreside Real Estate Management* is notified by me in writing to cancel it in such time as to afford *Foreside Real Estate Management* and the Financial Institution a reasonable opportunity to act on it.