<u>Authorization Agreement for Pre-Authorized Payments</u> ACH DEBIT APPLICATION

I want to enroll in the Direct Payment Option and have my monthly common charges, together with any assessments, late fees and other charges that may appear on my monthly bill, deducted automatically from the account associated with the enclosed check.

Please check this box, read and sign the authorization agreement below.	
Be sure that the enclosed check is drawn upon the checking account, which you want to be debited for this pre-authorized payment option.	
I authorize and instruct my financial institution to deduct the total amount due on my monthly bill from the account(s) associated with the attached check. Maxwell-Kates, Inc. will notify the financial institution of the amount to be deducted. If at any time I decide to discontinue the Direct Payment Option, I must notify Maxwell-Kates, Inc. in writing.	
Signature	Date
Print Name(s):	
Building Address:	
Unit Number (Please List All Your Units):	
Account Number (s):	
Please attach original voided check below:	
ATTACH CHECK HERE	

Please return this form and a voided check to:

Maxwell-Kates, Inc. 9 East 38th Street, 6th Floor New York, New York 10016 Attention: ACH Program