

ZALCO REALTY, INC. AUTOMATED PAYMENT FORM (DIRECT DEBIT PROCESS)

ASSOCIATION NAME: _____

UNIT OWNER: _____

UNIT NUMBER: _____

UNIT ADDRESS: _____

UNIT OWNER'S BANK: _____

UNIT OWNER'S BANK ACCOUNT NUMBER: _____



I/we authorize Zalco Realty, Inc. on behalf of the Association noted above, to withdraw on or about the beginning of every month, the full monthly fee due the Association from my account, noted above. I/we understand it is my responsibility to ensure funds are available and I/we am responsible for all additional charges and fees should such funds not be available. I understand that the monthly Association fees will be withdrawn from the account above until such a time as I notify Zalco Realty, Inc., in writing, thirty days prior to an effective date to stop such withdrawals.

THIS ORIGINAL COMPLETED FORM ALONG WITH AN ORIGINAL VOIDED CHECK MUST BE RECEIVED IN OUR OFFICE BY THE 10TH OF THE MONTH TO START THE DIRECT DEBIT PROCESS THE FOLLOWING MONTH. FAXES OR PDF WILL NOT ACTIVATE THIS SERVICE.

Name: _____

Mailing Address: _____

Phone Number: _____

Signature: _____ **Date:** _____

Please check if you would like confirmation of your ACH start date mailed to you.

Please forward to:

Ron Dean, Accounts Receivable Supervisor
Zalco Realty, Inc.
8701 Georgia Ave., #300
Silver Spring, MD 20910-3713
301-495-6600

***THERE MAY BE A \$10 SET-UP FEE. PLEASE CHECK WITH YOUR ASSOCIATION BEFORE SENDING THIS FORM.**