

# Vision Property Management Group, LLC

P.O. Box 180904 Utica, MI 48318-0904

Ph: (586) 566-9435 Fax: (586) 566-9445 E-mail: [info@visionpmg.com](mailto:info@visionpmg.com) [www.visionpmg.com](http://www.visionpmg.com)

**Subject: ACH INFORMATION**

**Dear co-owner,**

Vision Property Management Group, LLC offers pre-authorized direct payments through the USA Clearing House (ACH). Your funds must be available on the first (1<sup>st</sup>) of each month in order for you to participate in this program.

This is the present plan of direct payments which must be understood and accepted if wanting to participate:

I guarantee that all people whose signings are required for this account signed the agreement. I allow Vision Property Management Group, LLC, hereinafter called VPMG, LLC, to withdraw from my banking account at my financial institution the payment of charges for my condominium association. I recognize that the only way to cancel this authorization is to send an advice to VPMG, LLC at least ten (10) business days before the date of the next withdrawal. I recognize that supplying the present authorization to VPMG, LLC constitutes an authorization to my financial institution.

If amounts must be changed, an advice must be sent by VPMG, LLC ten (10) business days before the due date of the next withdrawal. This advice must be sent every time a change of the amount or dates of payments occurs.

The account on which VPMG, LLC is allowed to take money from is indicated on the following form. A check marked "**VOID**" must be included with the authorization form. I commit to inform VPMG, LLC of all changes of information on the related banking account at least ten (10) business days before the date of the next withdrawal.

I recognize, besides, that my financial institution is not held to verify that the withdrawals have been given out in accordance with details of the authorization, notably, but not exhaustively. I recognize besides that it is not held to verify that the object of the payment (for which the withdrawal has been given out) has been received by VPMG, LLC, as condition of the acceptance of the withdrawal that VPMG, LLC gave out and drawn on my account. The revocation of the present authorization doesn't put an end to any contract or obligation that could exist between me and VPMG, LLC. This authorization only applies to the method of payment and doesn't have any impact on any contract or obligation.

Your ACH direct payment will automatically begin the **following month**, provided your completed form has been received by mail 10 business days prior to the beginning of the month.

Sincerely,

*Dieter W. Kies*

Dieter W. Kies

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## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize VISION PROPERTY MANAGEMENT GROUP, LLC, hereinafter called VPMG, LLC, to initiate debit entries to my (our) \_\_\_\_\_ Checking Account / \_\_\_\_\_ Savings Account (**select one**) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank / Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_ must be 9 digits

Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until VPMG, LLC has received written notification from me (or either of us) of its termination at least ten (10) business days in advance as to afford VPMG, LLC and DEPOSITORY a reasonable opportunity to act on it. I understand and accept the present plan of direct payments and want to participate. I agree to the communication to the financial institution by VPMG, LLC, of the personal information that can be contained in the present authorization, in the measure as this personal information communication is related directly and necessary.

Name(s): \_\_\_\_\_

Association name: \_\_\_\_\_

Unit No. : \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FORM MUST BE FILLED OUT COMPLETELY, SIGNED AND **MAILED WITH A "VOIDED" CHECK.**