

Electronic Payment Authorization Form

Authorization Agreement

I hereby authorize Pegasus Property Management Inc. to initiate electronic debits to my account at the financial institution named below. I also authorize Pegasus Property Management Inc. to credit my account in the event that a debit entry is made in error.

Further, I agree not to hold Pegasus Property Management Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until Pegasus Property Management Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new Electronic Payment Authorization form to Pegasus Property Management Inc.

Day of the quarter your account will be charged: 5TH

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Account Type:
Checking Savings

Signature

Association Name: _____

Unit Number: _____

Customer Name: _____

Customer Signature: _____ Date: _____

Please attach a voided check and return this form to the following address:

Address:

Pegasus Property Management

8840 Terrene Ct #102

Bonita Springs, FL 34135

Paul Maple
Olivia Maple
1234 Windy Oaks Drive
Anytown OR 00000

1234
15-0000/0000

PAY TO THE ORDER OF \$ _____

ANYTOWN BANK
Anytown OR 90000

Routing number: _____
Account number: _____

Do not include the check number

For _____

⑆ 250250025 ⑆ 202020 ⑆ 86 ⑆ 1234

DOLLARS

SAMPLE