

AUTHORIZATION FOR DIRECT PAYMENT

Sunrise Court Third Homeowners' Association, Inc.

I authorize New Concepts Management Group, Inc. and the financial institution named below to initiate entries to my checking or savings account. The first direct payment will take place on (**Enter Month Here**) _____ 5TH. **This authorization will remain in effect until I notify you in writing to cancel it.** I can stop payment of any entry by notifying New Concepts 5 business days before my account is to be charged.

The withdrawal will be done on the 5th of each month. If the 5th falls on a Saturday or Sunday the withdrawal will be on the next business day.

Name-Please Print _____ Date _____ Signature _____

Unit Address-please print _____ City, State and Zip Code _____ Telephone Number _____
Unlisted

Mailing Address-if different than Unit Address _____ - Please update my mailing address to this address

Sign me up for paperless statements

E-mail Address _____

Name of My Bank/Financial Institution _____ Bank Branch _____

Routing Number: _____ Checking:

Bank Account Number: _____ Savings:

Please Attach a Voided Check Here:
NOT A DEPOSIT SLIP

Please return to: **New Concepts Management Group, Inc.**
5707 Excelsior Boulevard
St. Louis Park, MN 55416
Fax: 952-922-5400
accounting@ncmgi.com

Office Use Only:

Date Received: _____ Confirmation: _____

Account #: 129 - _____ Amount: _____ Processed: _____