

**AUTHORIZATION FOR DIRECT PAYMENT**

**West Ridge Townhouse 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)** \_\_\_\_\_ **10<sup>TH</sup>**. **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 10<sup>th</sup> of each month. If the 10<sup>th</sup> 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

\_\_\_\_\_  
Name of My Bank/Financial Institution Bank Branch  
 **Sign me up for paperless statements**

**E-mail Address** \_\_\_\_\_

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 #: 117 - \_\_\_\_\_ Amount: \_\_\_\_\_ Processed: \_\_\_\_\_