AUTHORIZATION FOR DIRECT PAYMENT

Cedar Ridge Condominium Association

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**)_____ **10TH**. **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 10th of each month. If the 10th 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 #: 142 - _____ Amount: _____ Processed: _____