



INDEPENDENT PROPERTY MANAGEMENT

9357 General Drive, Suite 125
Plymouth, MI 48170

Office: 734-454-4022

Fax: 734-454-4016

www.ipmlc.biz

Dear Resident,

Independent Property Management is pleased to offer Automatic Withdrawal of your Association dues.

Here is how it will work:

- ☺ An authorization/set-up form will need to be completed and returned to Independent Property Management prior to any withdrawals.
- ☺ Association Dues will be withdrawn from your designated bank account on the 5th of each month. If the 5th falls on a weekend or holiday, the Association dues will be withdrawn on the next business day.
- ☺ Only the current month's Association dues will be withdrawn. If there is an outstanding balance on your account, you will need to remit payment for that balance separately or arrange in writing to have the balance withdrawn through ACH.
- ☺ Any changes/corrections to your bank information must be submitted 2 days prior to the next withdrawal.

When all of the information is in and we get the final approval from the bank, we will notify you when the first withdrawal will begin. **Until you receive that notice, you will need to continue to make your normal payment.**

If you decide not to enroll now but would like to consider it at a future time, just call us when you are ready to enroll, and we'll send you a new form.

If you have any further questions, please contact me at (734) 454-4022.

Sincerely,

Debi Micallef

Independent Property Management LLC

Your Partners in Property Management!

INDEPENDENT PROPERTY MANAGEMENT, LLC.

Initial Enrollment

Change
(Please Check One)

Cancellation

I (WE) hereby authorize INDEPENDENT PROPERTY MANAGEMENT to initiate withdrawals from my account automatically, on the 5th of each month, the amount equal to my monthly association dues. This agreement will allow INDEPENDENT PROPERTY MANAGEMENT to adjust entries and/or correct errors with prior written approval only.

This authority will remain in effect until I have changed it in writing.

Co-Owner Signature

Date

Phone Number _____

Email _____

Please print the information requested below and return the completed form to Debi Micallef at INDEPENDENT PROPERTY MANAGEMENT, LLC with a **blank "voided" check.**

Lakeview Estates Condominium Association

Association Name

Co-Owner Name

Financial Institution Name

THIS SECTION WILL BE COMPLETED BY INDEPENDENT PROPERTY MANAGEMENT

Checking

Savings

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

Your Partners in Property Management!