

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 month your account will be charged on the: **5TH**

ACCOUNT INFORMATION

Name of Financial Institution _____

Routing Number _____

Account Number _____

COMMUNITY INFORMATION

Your Association's Name: _____

Your Address: _____

OWNER INFORMATION

Customer Name: _____

Customer Signature: _____ Date: _____

PLEASE CONFIRM THE INFORMATION FROM A CHECK. Pegasus will not be responsible for incorrect information provided. If you would like to send a voided check along with this application please send it to reception@pegasuscam.com or mail to:

Address: **Pegasus Property Management**
8840 Terrene Ct #102
Bonita Springs, FL 34135

Paul Maple
Olivia Maple
1234 Windy Oaks Drive
Anytown OR 00000

SAMPLE

PAY TO THE ORDER OF _____ \$ _____

ANYTOWN BANK
Anytown OR 90000

Routing number _____ Account number _____

For _____

Do not include the check number

1234
15-0000/0000

DOLLARS

1234