CROSS FOX CONDOMINIUM, INC. AUTHORIZATION FOR DIRECT DEBIT

Please complete and sign this form and mail or fax it with a voided check to:

6300 Woodside Court, Suite 10 Columbia, MD 21046-3212 301-596-2082

Check One:	New Enrollment	Change of Account
NAME:		
PROPERTY A	DDRESS:	
MAILING AD	DRESS:	
(if different from prope	erty address)	
Requested direct	et debit starting month: (account will be o	debited on the 5 th of each month)
	Information must be received debit the following month.	by the 20 th of the month to be effective for direct
Bank Informati	on - a voided check MUST B	E INCLUDED with this form.
Bank Na	ame:	
Accoun	t Holder Name:	
referenced accorprovided. I und month. This au notification of the Bank(s) a retthe earliest debt	ount for the amount of the currelerstand that my above-referenthorization is to remain in for termination in such time and it easonable opportunity to act of	VI, its Managing Agent, to debit the above- rent assessment owed to the Association for services need account will be debited on the 5 th of each ce until the Association has received written in such manner as to afford the Association and/or in it. I understand that all payments are applied to fees will be added should there not be sufficient int debited.
Date:	Signatu	re:
	Account Holder Nan	ne: (PLEASE PRINT)
		UT LECALOR T IN HALL

Once your signed authorization form and voided check have been received, your eligibility to participate has been verified, and your request processed, you will receive written confirmation of your direct debit start date. Please continue to make your payments until you receive the written confirmation.