



PREMIER MANAGEMENT ASSOCIATES

Corporate Office

140 Sylvan Avenue, Englewood Cliffs, NJ 07632 • Ph: 201-947-1001 • Fax: 201-947-5005

Central /South Jersey Operations
850-870 US Highway
Route One North
North Brunswick, NJ 08902
Ph: 732-390-1100
Fax: 609-395-0110

North-Western Jersey Operations
Crystal Springs Office
25 Route 23
Franklin, NJ 07416
Ph: 973-209-1600
Fax: 973-209-1601

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Property: **Sun Ridge Owners Association**
Flemington, NJ 08822

Unit Owners Authorization Form for Electronic Payment

Name: _____ Please complete if you rent or don't occupy:

Unit Address _____ Street _____

Account Number _____ City _____

Bank Name _____ State _____ ZIP _____

Bank City, State, Zip _____ Bank Street Address _____

Bank Phone Number _____ Routing/Transit# _____

Bank Account Number _____ Month to Begin Deductions _____

Checking Account OR
 Savings Account

PLEASE ATTACH A BLANK CHECK WITH THE WORD "VOID" WRITTEN ACROSS IT

I authorize Sun Ridge Owners Association and its Agents, including Financial Institutions, to initiate electronic debit entries for all invoiced charges, and if necessary, credit entries and adjustments for any debit entries made in error to my checking and/or savings accounts listed above. This authority is to remain in force and effect until Premier Management Associates (Premier) has received written notification from me of its termination in such time and in such manner as to afford "Premier" and the Depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries posted by "Premier" or the Depository prior to its receipt.

Print Name

2nd Name if Joint Account

Signature

Signature (if required)



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