Please fill out the form below and include a voided check upon returning to our office.

Please Remit to:

Brass Titan, LLC
2651 Greenstone Drive, Auburn Hills, MI 48326
Phone: (248) 377-2200   Facsimile: (248) 377-2729

Name of your Condominium Association: _____

Name: _____

Condo/ Apt Address: _____

City/ State/ Zip: _____

Phone #: _____

I agree to allow Brass Titan, LLC to deduct from my checking account my current monthly charges for my association dues for the above listed association. **I am aware that there is a 30-cent ($0.30) charge per transaction**. I also allow them to reverse any transactions made in error.

 Signature: _____

AUTHORIZATION AGREEMENT FOR ACH Payments

(I/we) do hereby authorize ___Brass Titan, LLC on behalf of the Association_____, hereinafter named the COMPANY, to initiate recurring (debit or credit) entries to (my/our) (Checking Account / Savings Account) as indicated and named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION. (I/we) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of $25.00 per item by electronic debit from my account identified below.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Acct. Number: _____

Payment Start Date: _____ **Payment Amount:** _____ **Number of Payments:** _____ or <u>continuous</u>

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name (s): _____

Customer ID #: _____ (apt #)

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____