

## 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 quarter your account will be charged: 5<sup>TH</sup>

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  
Checking  Savings

### Signature

Association Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check and return this form to the following address:

Address:

**Pegasus Property Management**

8840 Terrene Ct #102

Bonita Springs, FL 34135

**Paul Maple**  
**Olivia Maple**  
1234 Windy Oaks Drive  
Anytown OR 00000

**1234**  
15-0000/0000

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

ANYTOWN BANK  
Anytown OR 90000

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

For \_\_\_\_\_

Do not include the check number

1234 DOLLARS

⑆ 250250025 ⑆ 202020 ⑆ 86 ⑆ 1234

**SAMPLE**