

**AUTHORIZATION AGREEMENT FOR PARTICIPATION
IN THE DIRECT DEBIT PROGRAM**

I hereby authorize Parkside Condominium to initiate debit entries in the amount of my monthly condominium fee from my bank account indicated below:

Bank/Financial Institution	
Bank Name	
Branch	
City/State	
Transit/ABA #	
Account #	

This authorization agreement will remain in effect until Parkside has received written notification, from me, of its termination. The notification must be given by the fifteenth day of the previous month to enable a reasonable opportunity to process the termination request. For example, to terminate the agreement for the month of December, I must notify Parkside no later than November 15th.

Signature: _____

Please print **CLEARLY**:

Name: _____ Date: _____

Phone Numbers (w): _____ (h): _____

Parkside Address: _____

Beginning with the month of: _____

**PLEASE ATTACH A VOID CHECK (NOT DEPOSIT SLIP) AND RETURN THIS FORM
TO THE MANAGEMENT OFFICE**

Please note: If your bank or financial institution is a Credit Union or Mutual Fund, please call the institution and ask for the correct ABA number. It is not on your check. (We will call you if there are any problems.)

***Parkside Condominium, 10520 Montrose Avenue, Bethesda, Maryland 20814
Office: 301-493-5100 Fax: 301-493-5031***