



Return to:
 PENCO Management, Inc.
 Attn: Accounting Manager
 P.O. Box 1119
 Chadds Ford PA, 19317

**AUTHORIZATION OF DIRECT DEBIT
 FOR PAYMENT OF HOMEOWNER ASSESSMENTS**

Section 1: Homeowner Information

ASSOCIATION NAME _____

HOMEOWNER ACCOUNT NUMBER (PROPERTY ADDRESS) _____

HOMEOWNER NAME _____ **TELEPHONE ()** _____

ADDRESS _____

Section 2: Action Request

PLEASE CHECK ONE:	EFFECTIVE DATE:
* <input type="checkbox"/> START DIRECT DEBIT	_____
* <input type="checkbox"/> CHANGE MY FINANCIAL INSTITUTION	_____
* <input type="checkbox"/> CHANGE MY ACCOUNT NUMBER	_____
* <input type="checkbox"/> STOP DIRECT DEBIT	_____

Section 3: Authorization Certification

Unless otherwise indicated above, I hereby authorize and request PENCO Management, Inc. Agent to direct the amount of my Homeowners Association Assessments, INCLUDING SPECIAL ASSESSMENTS, as approved by the Association, for debiting from my account indicated at the Financial Institution designated below. I further authorize the Financial Institution to debit the same account without responsibility for correctness of such amount.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow PENCO Management, Inc., Agent a reasonable opportunity to act upon it.

I agree to notify PENCO Management, Inc., Agent if I wish to change the designated Financial Institution or Account Number to which my Homeowners Association Assessments are to be debited by the 15th of the month prior to the effective date of such change. I understand that failure to do so may delay that action.

HOMEOWNER SIGNATURE: _____ **DATE:** _____

Section 4: Financial Institution Information

NAME OF FINANCIAL INSTITUTION _____

ADDRESS _____

ROUTING NUMBER _____

This is a nine-digit number found on your personal check immediately preceding your personal account number; if uncertain please verify the routing number with your financial institution.

CHECKING ACCOUNT NUMBER _____ (VOIDED CHECK ATTACHED)