



Authorization Agreement For Automatic Payments (ACH)

I (First and Last Name) _____, hereby authorize *Einsidler Management, Inc.* to initiate debit entries to my checking account at the depository financial institution indicated on the attached voided check. This will be done on the 5th business day of each month for the full amount of the recurring monthly charges. I understand that I will still receive a monthly statement and that any other one-time special payment or miscellaneous fees will not be automatically debited and must still be paid by check.

This authorization is to remain in full force and effect until *Einsidler Management, Inc.* has received written notification from me of its termination.

Name (Please Print) _____

Signature _____ Date _____

Property Address _____ Unit _____

Phone Number _____ Account # _____

**PLEASE RETURN THIS
FORM AND A VOIDED CHECK TO:**

Einsidler Management, Inc.
535 Broadhollow Road Suite A-15
Melville, New York 11747

Please Attach A Voided Sample Check Here

QUESTIONS?

Call our office at 631.293.2997 or 718.233.1390.