

Cortland Farms Condominium Association

3020 Hawthorne Dr.
Bay City, MI 48706

Electronic Payment Authorization

I agree to participate in the electronic payment (ACH) program and authorize the Cortland Farms Association to electronically deduct the following amount on the 5th of each month from the bank account shown below.

Monthly regular association fee \$ _____

This form must be returned to the treasurer at least 15 days prior to the 1st of the month you wish to start the payments.

I understand that this amount will not be increased, stopped, or changed in the future, without my signed authorization.

I understand that I am responsible for any insufficient fund charges. These charges will be deducted from my account.

Co-Owner Name (please Print) _____

Cortland Farms Street Address _____

Co-Owner Signature _____

Date _____

Name of bank/credit union _____

Please attach a voided check or provide the following information.

Routing # _____ Account # _____

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

_____ Checking _____ Savings

Please return this from to:
Cortland Farms Treasurer
3020 Hawthorne Dr
Bay City MI 48706