

# Franklin Towne Condominium Association

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c/o BHHS Preferred Property Management Company  
3820 Old William Penn Highway, Murrysville PA 15668  
Office 724-733-7100 • Fax 724-733-5954

## AUTHORIZATION AGREEMENT FOR AUTOMATIC ENTRIES

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Company Name: **Franklin Towne Condominium Association**

I / we hereby authorize Franklin Towne Condominium Association to initiate  credit  debit entries and, if necessary, any adjustments needed to correct entries made in error, to account(s) indicated below, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Laws and Regulations including the Sanction Laws administered by the Office of Foreign Asset Control.

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**Please attach a voided check to this completed form and return to:**  
**Franklin Towne Condominium Association**  
**C/O BHHS The Preferred Property Management Co.**  
**3820 Old William Penn Highway**  
**Murrysville, PA 15668**

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### **Financial Institution Information**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Type: checking savings

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This authorization is to remain in full force and effect until Franklin Towne Condominium Association has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Franklin Towne Condominium Association a reasonable opportunity to act on it.

\_\_\_\_\_  
Full Name (first, middle, last) – Please print

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date