



PROPERTY MANAGEMENT, INC. • 460 Bloomfield Ave. • Caldwell, NJ 07006 • 973-228-5477  
FAX: 973-228-7435

# BULLETIN

**To:** All Unit/Homeowners

**From:** Cedarcrest Property Management

**Date:** 9/9/08

**Re:** Payment Plan Authorization Form

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Cedarcrest Property Management is pleased to announce the availability of automatic direct payments, debited from your personal checking account. We have been working diligently to make the ease of your monthly payments more convenient and less time consuming. We understand how busy and hectic life can be, we have been receiving quite a few requests looking for this option. We can now offer this to you, so that you don't have to worry about lost checks, and if we received your payment on time.

Attached please fill out the authorization form and attach a voided check from the account you wish to have the funds withdrawn from and return both as soon as possible to take advantage of this convenient payment option. These authorization forms and voided checks will be filed and maintained securely in our office.

You will note on the form there is a minimal fee per transaction that has been imposed by the bank; 35 cents per transaction (less than the cost of a stamp). Your monthly maintenance fee payment will be debited from your account on the 10<sup>th</sup> of every month and credited to your maintenance account immediately. Should that date fall on a weekend or holiday, it will then be debited the next business day. As always, any payment received after the 15<sup>th</sup> is subjected to a late fee. All you need to do is make sure that the proper amount of funds are in your account each month, this will make the ease of this transaction quite painless.

Expediting the return of this form will allow you to take full advantage of this great time saving option, please mail it to our office at the above address, attention Gina.

Should you have any questions about the procedure please do not hesitate to contact Gina or Deanna in the office 973-228-5477 ext. 15.

Thank you.

Cedarcrest Property Management



Cedarcrest Property Management LLC  
Payment Plan Authorization Form

Cedarcrest Property Management LLC

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_ DBA Name \_\_\_\_\_

**PAYMENT PLAN**

Every  Day(s)  Week(s)  Month(s)

Start Date: Month \_\_\_\_\_ Day 10<sup>th</sup> Year \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

(Start Date must be at least 15 days from date form is sent) Fee Per Transaction \$ .35¢

**TOTAL AMOUNT OF  
EACH PAYMENT \$ \_\_\_\_\_**  
(Payment amount + fee)

**CUSTOMER BANK INFORMATION**

Bank \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

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

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ (Please attach one voided check to this form.)

**CUSTOMER BANK INFORMATION**

I authorize my bank to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and such manner as to afford the Service Provider and bank reasonable opportunity to act (minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form.

All other charges such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to Cedarcrest Property Management LLC 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Cedarcrest Property Management LLC due to NSF(Non-Sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law) which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Cedarcrest Property Management LLC harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Second authorized signature of bank account if required \_\_\_\_\_ Date \_\_\_\_\_

A cancelled or voided check from the customer bank account must be stapled to this authorization form.