



MARCUS MANAGEMENT, INC.
28545 ORCHARD LAKE ROAD, SUITE #A
FARMINGTON HILLS, MI 48334
248.553.4700 (telephone) / 248.553.4570 (facsimile)
kmarcus@marcusmgt.com

Authorization for Pre-authorized Fixed Withdrawals (ACH Debits)

I hereby authorize, Marcus Management, Inc. to make withdrawals monthly from the account identified below at _____ (Bank Name or Depository Financial Institution, hereinafter referred to as DFI) and authorize the DFI to charge such withdrawals to my listed account.

Such withdrawals shall be equal to \$_____ and payable monthly on or about the **5th of each month**. We further authorize, when approved by the board of directors increasing the monthly amount no greater than \$5.00 as outlined in the fiscal budget. Adjusting entries to correct errors is also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to Marcus Management, Inc. I acknowledge receipt of a completed copy of this Authorization.

My Community is: _____

Bank Information:

Name of Financial Institution: _____

Routing & Transit Number: _____

Account Number to Debit: _____

Type of Account: Checking _____ Savings _____

Name of Authorizing Party (Please Print Clearly) _____

Address and Unit #: _____

Phone Number: _____

Signature of Authorizing Party: _____

Date: _____

Please note that any new authorizations/changes/cancellations need to be submitted by the 25th of the month to be effective the following month.
All payments are scheduled for the 5th of each month

PLEASE ATTACH VOIDED CHECK TO THIS AUTHORIZATION