



# eDEBIT APPLICATION

For full balance monthly drafts

**LIEBERMAN ACCOUNT NUMBER:**

(as on your coupon book or monthly statement)

**Please return this page with your preprinted and VOIDED check (no deposit slips) to the address below.** We'll notify you of the date when your eDEBIT payments will commence. Attach a voided check to verify bank information and to avoid delays. Incomplete or disclosure altered applications may be returned to you unprocessed. Please continue to make your assessment payments by check to the lock box until notified.

## RESIDENT INFORMATION

RESIDENT NAME: <i>(Unit Owner of Record as on listed on coupon book or monthly statement)</i>	
† NEW APPLICATION    † BANK ACCOUNT CHANGE	DAYTIME PHONE NUMBER:
UNIT STREET ADDRESS:	UNIT CITY, STATE, ZIP:
MAILING ADDRESS: <i>(if different from unit address)</i>	MAILING CITY, STATE, ZIP:

## FINANCIAL INSTITUTION

FINANCIAL INSTITUTION NAME:	
INSTITUTION STREET ADDRESS:	INSTITUTION CITY, STATE, ZIP:
INSTITUTION PHONE+ NUMBER:	ACCOUNT OWNER:
BANK ROUTING NUMBER: <i>(9 digit # on the bottom left of check) Please attach voided check.</i>	CHECKING ACCOUNT NUMBER: <i>Attach voided check.</i>

## eDEBIT AGREEMENT AND DISCLOSURE STATEMENT

**Payment Notice and Billing Questions** - You will be notified prior to your first payment via a letter indicating the first date of electronic transfer. All withdrawals will be done ONLY on the 5<sup>th</sup> of each month or the next business day thereafter unless you are notified differently. Please be informed, according to this agreement all charges on your account will be debited. This includes regular and any special assessments, and other charges including, but not limited to maintenance charges, late fees, utilities, parking, etc.

**Stop Payments** - Stop payments can be issued up to three business days prior to your payment date. As with checks, you are responsible for any charges associated with the stop payment. You may be required to provide written confirmation of the stop payment to your financial institution. Please contact Lieberman Management if you have requested a stop payment.

**Record of Payment** - Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment for future reference regarding your billing. If a question arises regarding your transfer or if the amount differs from your bill, you must notify us and your financial institution within sixty days of the date of the questioned statement. Your financial institution will advise you of rights concerning an error.

**Availability of Funds** - You are responsible for having enough money in the account you designated on your payment date. You are responsible for any fees associated with non-sufficient funds.

**Termination** - Your authorization will remain in effect unless we receive written notice from you 30 days prior to the cancellation date or until your service is terminated. Your service may be cancelled if two payments are rejected for non sufficient funds in a 12 month period. eDEBIT is also cancelled during transfer of property to a new owner, or if there is a termination of management contract between your Association and Lieberman Management Services.

**Account/Address Change** - In order to ensure uninterrupted payments, you will need to submit a new application 30 days prior to changing bank accounts. You are responsible for any fees associated with non-sufficient funds and/or closed accounts.

**Voided Check** - A voided check is required to ensure accurate account / routing set up. Applications received without a voided check will not be processed and may be returned to you.

**Authorized Signature** - By signing this document, you are authorizing Lieberman Management Services, Inc. to initiate debit entries to your checking account listed on this form. You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. law.

**By signing, you agree to the terms of the eDEBIT Agreement. Please be sure to attach a VOIDED check.**

AUTHORIZED SIGNATURE:	DATE:
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## PLEASE RETURN TO YOUR ONSITE PROPERTY MANAGER (IF APPLICABLE) OR MAIL TO:

Shoreline Towers Condominium  
c/o Lieberman Management Services, Inc.  
25 Northwest Point Blvd, Ste. 330  
Elk Grove Village, IL 60007

† Did you sign this form?  
† Did you attach a voided check?

## FOR LIEBERMAN MANAGEMENT SERVICES, INC. USE ONLY:

OPEN: LMS USE ONLY	INTERNAL SET UP DATE: LMS USE ONLY
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