

# **REALTY EXPRESS** LaBarbera *Property Management, LLC*

210 Washington Street  
Hoboken, NJ 07030  
**Bus: (201) 216-5757**  
**Fax: (201) 714-7767**

## EPN "AUTO DUES" CUSTOMER AGREEMENT

The authorization form below gives Realty Express LaBarbera Property Management LLC. and your Condominium Association the authority to electronically debit/credit your account. This service is optional. Simply complete the form below.

1. Mark the appropriate account-type-box below.
2. Fill in your name, the name of your Condominium Association, the name and location of your financial institution, and the date.
3. Attach a **voided check** for verification of all financial institution information.
4. This form must be signed by an authorized signer.

**ELECTRONIC DEBIT/CREDIT ("Auto Dues")** - Please fill out and return to:

Realty Express LaBarbera Property Management LLC  
"Auto Dues"  
210 Washington Street  
Hoboken, N.J. 07030

I/We authorize Realty Express LaBarbera Property Management LLC., and my Condominium Association to initiate electronic debit/credit entries, and if necessary, adjustments that relate to any such entries received. Payments will be processed on the first of each month for the current month. Neither the Association or management firm makes any guarantees as the date in which these funds are withdrawn from an individual's checking account. The Association and management firm guarantees the payment will be applied to your unit's account on the first of each month. The Association and/or management firm has the right to cancel this service at any time upon ten (10) days notice to any and/or all participants of this program. In the event the "Auto Dues" draft is returned for non-sufficient funds or any other reason, the Association and/or management firm shall have the right to terminate this service for the participant in question. Participants wishing to cancel the "Auto Dues" service must place their request in writing to the Association/Management firm at least ten (10) days prior to the date in which they wish the service to cease. This authority will remain in effect, until I/We cancel it in writing.

Checking account       Savings account

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Condominium Association and Unit #

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Authorized Account Signer (Please Print)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Start Date for Electronic Transfer

***Please staple a voided check to this form***

**E-MAIL: [MGMT@RELB.COM](mailto:MGMT@RELB.COM)**

**WEBSITE: [WWW.RELB.COM/MGMT](http://WWW.RELB.COM/MGMT)**



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