

DRAPER AND KRAMER AUTOMATIC PAYMENT PLAN

Draper and Kramer offers a free automatic payment option, which allows your monthly charges to be automatically deducted from your bank account.

BENEFITS:

- Saves money: no fees
- Charges are always paid on time: no worry of late payment or penalty
- Convenient: no checks, stamps or delays with the mail system

HOW IT WORKS:

- Your bank account will be automatically debited in the amount of your outstanding balance reflected on your statement
- The amount shown on your statement will automatically be withdrawn from your bank account on the date reflected on your statement

ADDITIONAL INFORMATION:

- There is no charge for the Automatic Payment Plan
- Each month the deduction will appear on your bank statement to show proof of your payment
- You may stop an automatic payment or discontinue the service at any time by notifying your building management office at least 5 business days prior to the payment date
- Your bank account must hold the full amount of your payment, in available funds, on the payment date specified on your monthly bill. If there are insufficient funds in your account on the payment date, your bank will return the payment just as if you had a check returned for insufficient funds. In this situation, you may be penalized by, both, your bank and management.

Complete and return the below information to your building management office
AUTHORIZATION AGREEMENT FOR THE AUTOMATIC PAYMENT PLAN

I authorize Draper and Kramer, Incorporated and the financial institution designated below to begin deductions for Automatic Payment Plan payments.			
BANK NAME:		ACCOUNT NUMBER:	
STREET:	CITY:	STATE:	ZIP:
This authority is to remain in effect until Draper and Kramer (at my building management office) or my financial institution has received written notification from me of termination in time to allow Draper and Kramer or my financial institution a reasonable opportunity to act on it or until Draper and Kramer or my financial institution has sent me written notice of termination of this agreement.			
NAME (please print):		UNIT:	TCODE:
STREET:	CITY:	STATE:	ZIP:
EMAIL ADDRESS TO SEND STATEMENT:			
I understand that I must continue to remit my monthly payment by check until I receive confirmation on my statement of the date automatic payment will begin. Note: If the payment date falls on a weekend or Holiday, I understand the payment will be made on the next following business day. By signing below, I am confirming that I am an authorized signer on the bank account and approve direct debit for the monthly assessment for the unit above.			
AUTHORIZED SIGNATURE:			DATE:
SITE MANAGER NAME:	BUILDING #:	CORPORATE APPROVAL:	DATE:

PLEASE ATTACH A VOIDED CHECK HERE FOR THE ACCOUNT LISTED ABOVE