



CONDOMINIUM ASSOCIATION

c/o The Select Group, Inc.
2224 Virginia Beach Blvd., Suite 201
Virginia Beach, VA 23454
email: LSUJETA@theselectgroup.us

ACH ENROLLMENT FORM

SELECT ACCT # _____

NAME: _____

UNIT ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL: _____

BANK NAME: _____

BANK ROUTING # _____

BANK ACCOUNT # _____

I, the above owner, authorize The Select Group, Inc. (on behalf of Seasons at Salem Condominium Association, Inc.) to automatically debit the account referenced on or about the fifth (5th) of each month for the purpose of paying my assessment(s). Month I request ACH to become effective _____.

The amount deducted from my account will be the monthly budgeted amount (per unit) based on the adoption of any new or revised budget(s) by the Seasons at Salem Condominium Association Board of Directors.

I understand that this agreement will remain in effect unless thirty (30) days written notice (certified mail, return receipt) is given to The Select Group, Inc. discontinuing my participation in this program.

Signature

Date