

Harrogate North Condominium Association

Direct Debit Application

By completing this Application Form and sending it with a VOIDED, blank check to the address below, I am authorizing A2Z Property Management to initiate automatic direct debit payments for the HNCA monthly assessment until terminated in writing by either me or A2Z Property Management

Owner (s) Name (s): _____

Your Account # (Your house number): _____

Mailing Address: _____

Phone: _____

In addition to including a blank check on which you wrote “**VOID**”, please provide this confirming information about the bank account from which you wish to have your association charges paid:

Name of Financial Institution: _____

Account Number: _____

Bank ABA/Routing Number: _____

Authorized Signature (s) _____

Please return this Application and Voided, blank check to:

A2Z Property Management, LLC
PO Box 1376
Hockessin, DE 19707