

METRO MANAGEMENT

DEVELOPMENT, INC.

■ APARTMENTS ■ CO-OPS ■ CONDOMINIUMS ■ COMMERCIAL

Dear Resident,

Metro Management Development Inc, as agent for the building you reside in, is pleased to announce that we have a payment program called **ACH Debit**. This optional program will allow for your monthly maintenance, common charges, or rental payments to be automatically withdrawn from your designated bank account and deposited into the building's account for the payment of your monthly charges. By enrolling in this direct payment option program, you will no longer need to write a check each month and mail it.

The Direct Payment Option program works as follows:

1. To enroll, you must sign and return the enclosed "Authorization Agreement for Pre-Authorized Payments", along with an original voided check from the checking account which will be used to pay your monthly charges. We require a voided check to obtain the routing number of your bank as well as your bank account number. Please remit all required documents to the address on the attached authorization.
2. You will continue to receive an invoice for your monthly charges. **If you opt to participate in this program the caption "*ACH DEBIT*" will appear on your statement. This means that your account has been activated and paid automatically.** Your statement containing this message will serve as your receipt. If your monthly statement does not indicate your enrollment in the program, you must continue to remit payment by check.
3. **The amount due will automatically be deducted from the account you specified on the 5th day of each month.** The total amount will include all charges imposed by your building. It goes without saying that you must ensure sufficient funds are available by the 5th day of each month. If funds are not available at the time your account is debited, you will be back-billed the monthly charges, including a bank fee, and late charges (if applicable). This is the same procedure as if your check was returned. We will notify you promptly of insufficient funds and request payment by check or money order to cover all outstanding charges.
4. Enrollment in the program will ensure payment of your monthly charges even if you are traveling or away for an extended period of time. It will guarantee that no late fees will be assessed on your account as long as funds are available. The program will also replace the need to use on-line banking or an automatic payment service.
5. If at any time you choose to discontinue the ACH Debit program, you may notify Metro Management in writing and if provided sufficient lead time, your request will be acted on for the next billing cycle.

Again, while this program is optional we hope you will take advantage of the convenience and benefits this program will afford you. Please feel free to call if you have any questions.

Very truly yours,

Metro Management Development, Inc.
ACH Debit Department

42-25 21st STREET, LONG ISLAND CITY, NY 11101 • TEL 718-706-7755 • FAX 718-706-7760

Authorization Agreement for Pre-Authorized Payments
ACH DEBIT

I want to enroll in the Direct Payment Option and have my monthly payments deducted automatically from the account associated with the enclosed "voided" check.

I authorize and instruct my financial institution to deduct the amount of my monthly bill from the account associated with the attached check. "Metro Management Development Inc.", (MMDI) as managing agent, will notify my financial institution of the amount to be deducted. If at any time I decide to discontinue the Direct Payment Option, I must notify MMDI in writing in such a manner as to afford a reasonable opportunity to act upon the request. MMDI reserves the right, upon written notification, to terminate this payment option and/or my participation at any time.

I understand and agree that "Metro Management Development Inc. as agent" is not liable in any way for erroneous billing statements or incorrect debits to my account, and should an error in the bill statement occur, MMDI is only responsible to correct the error when and if it receives written notice from me.

Return to: **Metro Management Development Inc.**
42-25 21st Street
Long Island City, NY 11101
Attn: ACH Department

***PLEASE DO NOT MAIL
THIS FORM WITH YOUR CURRENT MONTH PAYMENT***

Signature

Date

Print Name(s)

Day Time Telephone#

Building Address

Apt. Number

Apartment Account No.

(as found on monthly bill)

Please attach original **voided** check below: Be sure that the check applies to the checking account that you want debited for this pre-authorized payment option.

ATTACH VOIDED CHECK HERE
PLEASE TAPE DO NOT STAPLE

Authorization Agreement for Pre-Authorized Payments
ACH DEBIT

I want to enroll in the Direct Payment Option and have my monthly payments deducted automatically from the account associated with the enclosed "voided" check.

I authorize and instruct my financial institution to deduct the amount of my monthly bill from the account associated with the attached check. "Metro Management Development Inc.", (MMDI) as managing agent, will notify my financial institution of the amount to be deducted. If at any time I decide to discontinue the Direct Payment Option, I must notify MMDI in writing in such a manner as to afford a reasonable opportunity to act upon the request. MMDI reserves the right, upon written notification, to terminate this payment option and/or my participation at any time.

I understand and agree that "Metro Management Development Inc. as agent" is not liable in any way for erroneous billing statements or incorrect debits to my account, and should an error in the bill statement occur, MMDI is only responsible to correct the error when and if it receives written notice from me.

**Return to: Metro Management Development Inc.
42-25 21st Street
Long Island City, NY 11101
Attn: ACH Department**

***PLEASE DO NOT MAIL
THIS FORM WITH YOUR CURRENT MONTH PAYMENT***

Signature _____ **Date** _____

Print Name(s) _____ **Day Time Telephone#** _____

Building Address _____ **Apt. Number** _____

Apartment Account No. _____ **(as found on monthly bill)**

Please attach original **voided** check below: Be sure that the check applies to the checking account that you want debited for this pre-authorized payment option.

ATTACH VOIDED CHECK HERE
PLEASE TAPE DO NOT STAPLE