

# THEOHARIS

— MANAGEMENT, LLC —

2120 16<sup>th</sup> St., NW #205 Washington, DC 20009

Phone: 202.387.0881

[Management@Theoharis.com](mailto:Management@Theoharis.com)

[www.Theoharis.com](http://www.Theoharis.com)

## ACH Recurring Payment / Electronic Communications Authorization Form

**Please complete the information below:**

I \_\_\_\_\_ (full name) authorize *Zego, Inc.* to charge my bank account indicated below on the 1<sup>st</sup> (or first business day) of each month for payment of my Association assessment.

Community Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:  Checking  Savings

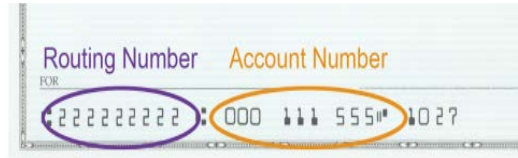
Name on Acct: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank City/State: \_\_\_\_\_



**Theoharis Management LLC is also hereby authorized to send communications to me by electronic transmission (email), regarding my Association fee account or other Association matters.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please return completed authorization form to Theoharis Management LLC at [Accounting@Theoharis.com](mailto:Accounting@Theoharis.com)**

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Theoharis Management LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If there is a change in my Association fee amount, the debit amount will automatically be updated. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds, I understand that Theoharis Management LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each charged attempt. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.