



**form also limits us to only take out condominium fees and, where applicable, parking fees.**

1. **UNIT OWNER'S NAME: This is the name of the person(s) responsible for paying the condominium fees and the parking fees if you have a parking space in a garage.**
2. **ACCOUNT INFORMATION: This is your Montebello Condominium account for paying your condominium fees. This information is found on the payment coupon you are currently using for your monthly payments. The information is located on the line just above the owner's name on the coupon.**
3. **MAILING ADDRESS: This is especially important if you do not live at Montebello.**
4. Please attach a **VOIDED** check to the form.
5. Please sign and date the form and provide phone numbers where we can reach you if we have any questions.
6. Keep the second copy of the form for your records.
7. **UNTIL YOU RECEIVE NOTICE THAT YOUR WITHDRAWAL WILL START, CONTINUE TO REMIT ANY PAYMENTS THAT ARE DUE.**
8. If you have any questions please call Ron Dean at Zalco at (301) 495-6645.
9. NOTE: Some versions of this form have Bank information on it which duplicates information requested on the *Authorization Agreement for Preauthorized Payments* form. If you have a form entitled *Authorization Form for Electronic Funds Transfer Payment of Montebello Condominium Fees* you do not need to put the bank information on the "authorization form" but you must put that information on the "authorization agreement" form.

# MONTEBELLO ELECTRONIC FUND TRANSFER FORM

ASSOCIATION NAME: MONTEBELLO CONDOMINIUM

UNIT OWNER: \_\_\_\_\_

UNIT NUMBER: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

UNIT OWNER'S BANK: \_\_\_\_\_

UNIT OWNER'S BANK ACCOUNT NUMBER: \_\_\_\_\_

*A VOIDED CHECK MUST BE ATTACHED HERE*

I/we authorize Zalco Realty, Inc. on behalf of the Association noted above, to withdraw on or about the fifth of every month, the full monthly fee due the Association from my account, noted above. I/we understand it is my responsibility to ensure funds are available and I/we am/are responsible for all additional charges and fees should such funds not be available. I/we understand that the monthly Association fees will be withdrawn from the account above until such time as I notify Zalco Realty, Inc., in writing, thirty days prior to an effective date to stop such withdrawals. This form must be received by Zalco before the 20th of the month for the monies to be deducted for the following month.

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

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

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward to: Accounts Receivable Department  
Zalco Realty, Inc.  
8701 Georgia Ave., #300  
Silver Spring, MD 20910-3713  
301-495-6645