

**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 21<sup>st</sup> 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