

ACH FORM
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED
DIRECT DEPOSIT PAYMENTS

PROPERTY NAME:

UNIT REF #
(from your bills)

I(we) hereby authorize Westchester Property Management Group, (WPMG) to initiate debit or credit entries, to my/our checking or savings account indicated below at the depository financial institution named below and to debit or credit the same to such account. (Please attach your voided check)

I understand this authority is to remain in effect until Webster Bank and the institution where the account is located have received written notification from me of its termination in time to act on it.

Please note you will no longer receive a monthly billing statement. Please refer to the WPMG portal to review your account and review or print your billing statement.

Financial Institution Name: _____

City _____ State _____ Zip _____

Bank Routing/ABA # _____ Acct. Number _____
(9 digits)

Account: Checking _____ or Savings _____
(check one)

Print Name _____ Unit # _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK

Effective date _____. WPMG must have this form by the 15th of the month to be effective the following month. **All direct debits occur between the 1st and 8th of each month.**

Your Phone # _____ Your Cell # _____

Return form to: Helen Castro
Westchester Property Management Group
Tarrytown Corporate Center
520 White Plains Road, Suite 450
Tarrytown, NY 10591