



TML Management Group Ltd.

Direct Debit Authorization Form – (One Time Payment)

DATE: _____ STRATA PLAN: LMS/NWS/NW/BCS/EPS _____

NAME: _____ Unit No.: _____

I (We) hereby authorize **TML Management Group Ltd.** to debit **the total amount shown below as a ONE-TIME ONLY** for the following checked item(s) made payable to “**THE OWNERS, STRATA PLAN LMS/NWS/NW/BCS/EPS _____**” from my bank account on or about _____ / _____ / **20** (MM/DD/YYYY).

<input type="checkbox"/> Strata Fee(s)	\$ _____
<input type="checkbox"/> Strata Fee Adjustment(s)	\$ _____
<input type="checkbox"/> Deficit	\$ _____
<input type="checkbox"/> Special Assessment(s)	\$ _____
<input type="checkbox"/> Infraction Fine(s)	\$ _____
<input type="checkbox"/> Late Fine(s)	\$ _____
<input type="checkbox"/> NSF Charge(s)	\$ _____
<input type="checkbox"/> Others: _____	\$ _____
Total: \$ _____	

IMPORTANT: THIS FORM MUST BE RECEIVED AT TML’S OFFICE AT LEAST TWO WEEKS BEFORE THE FIRST OF THE COMING MONTH; OTHERWISE, THE FEE WILL BE DEBITED ON THE NEXT FOLLOWING MONTH.

I/We understand and agree that the above amount(s) will be debited ONE-TIME ONLY at my/our Financial Institution.		
_____	_____	_____
DATE (MM/DD/YYYY)	SIGNATURE OF OWNER	SIGNATURE (If Joint Bank Account)