DIRECT DEBIT ENROLLMENT FORM

	Requested sta	art month:			
			ecking account OR a de king account can NOT		
Please mail, fa	x or email this forr	n back to our o	office at:		
Delbe Real Estate 4200 Wisconsin Avenue, NW Suite 500 Washington, DC 20016			Fax 202-237-0348 Email customerservice@delb	<u>be.com</u>	
institution shov	rize the	heck. Further,	Homeowners Associating debit entries to my acc I authorize my Bank to a	tion to debit any amounts count at the financial accept and to debit any	
notice from me Association, D on any cancella will result in a must be conta arrangements	e of termination of relbe or financial in ation notice receive a \$25.00 administracted by the 23 rd of the control of the con	this authorizat stitution noted ed. Failure to rative charge. f the month pi lation of debit	ation noted on the voided ion. The above shall have a reaso provide at least 15 days. If payment funds will note to debit to make other upon sale of unit. If on the fifth of the monther eafter.	Homeowners nable time period to act notice of cancellation ot be available, Delbe ner payment	
Name:					
Email Address (Required):			Phone#:		
Offsite Addres (If n	s (if applicable): _ o offsite address is	provided, corr	respondence will be maile	ed to your unit)	
IMPORTANT	PLEASE CHECK	ONE:	CHECKING	SAVINGS	
Signature:					
CONFIRMA	TION OF ENROI	LLMENT WI	LL BE SENT TO EMA	IL ADDRESS ABOVE.	
		FOR OFFI	CE USE ONLY		
Code:	Address:		Breakdown: Ass1:	Ass2:	
AssP:	AssS:	_ SPEC:	Total Payment:		
Conf Email:	BY·	Start	ing Month:	Revised 4/1/14	