ACH APPLICATION Carillon Condominiums

| Date: | | |
|--|---|--|
| Action To Be Taken: Add \circ | Change \circ | Delete \circ |
| ACH Payer Property: | | Requested Effective Date: |
| ACH Payer Unit Number: | | (Allow at least 15 days for processing) |
| | | |
| | | |
| Payer Telephone: () | | Alternate: () |
| Bank Name: | | Address: |
| Telephone: () Bank must be a National Automated Clearingho | use Association (NA | |
| ACH Bank Transit | | ACH Bank |
| Routing Number (9 digits): | | Account Number: |
| account information when written verification is no ACH application are accurate before forwarding to accounts will be debited once each month and no ea | t submitted. Please ver the Accounting Depar arlier than the first (1 st) yd/Smith, Inc. to initia | te ACH entries to my account indicated above and the |
| Signature of account holder: | | |
| Name of account holder: | | |
| Date: | | |
| This application should be faxed, mailed, | or e-mailed to the | |
| Chantel Bardaro Boyd/Smith, Inc. 221 Massachusetts Ave. | | Telephone: 617.437.1577 FAX: 617.437.7045 |
| Boston, MA 02115 | | E-mail: cbardaro@boydsmith.com |
| This section to be completed by Boyd/S | Smith, Inc. Accou | inting Department. |
| Effective Date: | | |
| Processed By: | | |
| Date: | | |