

AUTHORIZATION FOR DIRECT PAYMENT

Timber Creek Crossing Village Homes

I authorize New Concepts Management Group, Inc. and the financial institution named below to initiate entries to my checking or savings account. The first direct payment will take place on (Enter Month Here)_____ 5TH. **This authorization will remain in effect until I notify you in writing to cancel it.** I can stop payment of any entry by notifying New Concepts 5 business days before my account is to be charged.

(Name of My Bank/Financial Institution) (branch)

(Signature) (date) (Name-please print)

(Address-please print)

Bank Account Number: _____
Checking:
Savings:

Please attach a voided check here: **NOT A DEPOSIT SLIP**

Please return to: New Concepts Management Group
5707 Excelsior Blvd
St. Louis Park, MN 55416
Fax: 952.922.5400
Attn: Susan

Date Rcvd: _____ Confirmation: _____

Unit ID#: _____ Amount: _____

Entered into Template: _____